

DATE: \_\_\_\_\_  
Registration Fee: \$195/player \$325/family

**MARSHFIELD YOUTH FOOTBALL**  
([www.marshfielddyouthfootball.com](http://www.marshfielddyouthfootball.com))

**REGISTRATION FORM**  
(Affiliated with Old Colony Youth Football [www.ocyfl.com](http://www.ocyfl.com))

Player's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_  
(player's team is determined by AGE)

Mailing Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Grade/School (08/09): \_\_\_\_/\_\_\_\_\_

**PARENT GUARDIAN PERMISSION:**

I understand that football is a contact sport in which injury, even serious injury, may occur. I give my child/player unconditional permission to participate in all on and off field activities of Marshfield Youth Football. I agree to hold harmless and release from all liability all members of the Marshfield Youth Football Board of Directors, coaches, and any other person assisting in the operation of the program, including those providing transportation to games and events. I also give permission to Marshfield Youth Football, its coaches, volunteers, and staff to seek any necessary medical care for my child/player and for which I assume full responsibility for any cost incurred.

**SPORTSMANSHIP AND COMMITMENT AGREEMENT:**

We agree to conduct ourselves in a sportsmanlike manner at all times. We pledge to be respectful of teammates, coaches, officials, opposing players and fans. We understand that failure to abide by this agreement may result in suspension from the program. We understand that poor attendance can compromise the learning experience for our player and teammates. Therefore, we agree to attend all practices, scrimmages and games as scheduled by coaches and league and to communicate our absences should they be necessary.

\_\_\_\_\_  
Player Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

**INSURANCE INFORMATION:**

Medical Insurance Company and Policy #: \_\_\_\_\_