

**2026****Athlete Information**

First name	Last name	Date of Birth
Grade in Fall	School in Fall	Age as of Dec 31st playing season
<input type="checkbox"/> Football <input type="checkbox"/> Cheerleading <input type="checkbox"/> Returning Player		Weight (FB only) Preferred (nick) name

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blank
for
photo**Address and Contact Information**

Player's Legal Residence

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City/Town	State	Email Address for Parent/Guardian:

Parent/Guardian #1	Relationship to player	Home Phone Number	Cell/Work Phone Number

Parent/Guardian #2	Relationship to player	Home Phone Number	Cell/Work Phone Number

Primary Emergency Contact Name, Relationship and Phone Number

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Medical Coverage Policy Number

Medical Insurance Company and Agent

Emergency Contact Physician Name and Phone Number

Medical Conditions / Allergies / Medications being taken:

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WAIVER and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Connecticut Youth Football League, covenants and agrees to hold harmless, CTYFL, its agents, team organizations, coaches and all league administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim or demand of any kind and character brought or maintained in connection with the individual's participation in the CTYFL and any associate member team. The program includes the use of football players equipment, and the preparation for a participation in tackle football games, a contact sport under the instruction and supervision of adults. CTYFL hereby informs both the player and parents that there are risks inherent in athletic participation. By signing below the player and parents acknowledge this information and give their consent to participate.

I/We the undersigned agree to the above, and agree to return all equipment assigned to my/our child. I/We also understand that this program carries limited medical insurance for the participants, and that proper medical insurance coverage is necessary for participation. In the event of a serious accident or illness concerning my child, I understand that the CTYFL team will try to contact me using the information given on the registration form. If I cannot be reached, I authorize the CTYFL to contact the doctor indicated below and follow his/her instructions. If the doctor cannot be reached, I then authorize CTYFL to take whatever steps it deems necessary for the health, security and comfort of my child. I realize there is risk of being injured inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that CTYFL disclaims all financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such competition or preparation therefore.

In consideration of participation in the Connecticut Youth Football & Cheerleading League (CTYFL) events, and/or the events of their member towns, the undersigned permits that their likeness, or the likeness of their child/ward may be photographed and/or video taped. I agree that such image(s) may be published in any outlet to promote or publicize the league and/or their member towns. I agree that no compensation is required for the use of these images, and I release CTYFL, all CTYFL member towns, volunteers, coaches, participants, directors, and officers from any and all liability associated with the use of said images.

As each town has a different refund policy, I understand the policy for my town.

Signature of Parent or Guardian

Date

Registration Fee: _____ Cash, Check# _____ Name on Check: _____

2026

Physician's Statement of Consent to Play Sports

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football, cheerleading, or athletic activities. I am therefore clearing this individual for athletic participation.

 Physician	Today's Date	/ /	Physician, Please print name and address, or use stamp:
(Must be dated after Jan 1 of playing year)			_____ Physician's Name:
 Physician	(Physician or Nurse Practitioner's Signature)		_____ Physician's Address:

PLEASE NOTE: If this Medical Clearance is voided by injury, concussion, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participant's Coach and League Officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctor's Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participant's Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in CTYFL football or cheerleading activities. I am therefore clearing this individual for athletic participation."

THIS FORM MUST BE SIGNED BY THE PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER TO BE APPROVED BY THE LEAGUE !