

CCYFCL 2025 Official ID Card Form

1. This form must be filled out completely.
2. Original Birth Certificate, or a Certified Copy with a Raised Seal, or Passport (no Xerox copies, Hospital Notifications of Birth or Baptism Certificates accepted.)
3. Fee Due at time of issue as cash or check. \$10 for 1 Year \$20 for 2 Year
4. This ID Card form Completed

ALL INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN

Player's Info:

Program Name _____

Last Name _____ First _____ M.I. _____

Address _____ City _____

State _____ Zip _____

Birth Date _____ Age (as of 8/1/2025) _____

Grade in September _____ School _____

Height _____ Weight _____ Sex _____

Parent Info:

Mother's Full Name _____

Address (if different from above) _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

Father's Full Name _____

Address (if different from above) _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

I hereby certify that all the above information is true, and I will assume any and all risk and liability in the above player's participation in this youth football program. I also agree to return all equipment that is issued or will pay for its replacement.

Parent/Guardian Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

Approval Initials: _____

Paid By:

Cash _____ Check: _____