

CCYFL 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 card ONLY.
4. This ID Card form Completed

ALL INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN

Player's Info: Organization Name: _____

Last Name _____ First _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Age (as of 8/1 this year) _____

Grade in September _____ School _____

Height _____ Weight _____ Sex _____

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

Card

1 year- \$10

2 year- \$20

CCYFL 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 card ONLY.
4. This ID Card form Completed

ALL INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN

Player's Info: Organization Name: _____

Last Name _____ First _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Age (as of 8/1 this year) _____

Grade in September _____ School _____

Height _____ Weight _____ Sex _____

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

Card

1 year- \$10

2 year- \$20