

CVYFL Football league.
Fresno County

2024

Player Name (PRINT)	Date of Birth	Age	Wt.	Name of siblings in program
Address	City	ST	Zip	Home Phone
				Cell or ER Phone
				CA
Parent/Guardian Name			Contact Phone	
Name of School in Fall 2024		Grade in Fall 2024		# of years previous experience

Email address:

The above player whose photograph appears hereon is a member of the CVYFL association or group.

TO BE COMPLETED AT CERTIFICATION

TEAM:	<i>PICTURE HERE</i>	Weight:
Head Coach:		Birth Date:
Division:		Age:
		Commissioner:

If player is over under weight, enter exact weight in Weight column and both weigh masters must initial. Otherwise, enter OK in WEIGHT column and the initials or stamp of one weigh master are required.

Game Date:	Weight:	Initials/Stamp:
8/3/24 *		
8/10/24 *		
8/17/24		
8/24/24		
8/31/24		
9/7/24		
9/14/24		
9/21/24		

Game Date:	Weight:	Initials/Stamp:
9/28/24		
10/4/24		
10/12/24		
10/19/24		
10/26/24 (1st)		
11/2/24(2nd)		
11/9/24 Champ		
11/26/24 (All-stars)		

EMERGENCY MEDICAL AUTHORIZATION: I, as parent/guardian of said candidate minor, do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for the said minor in case of illness or injury occurring from participation in any activities of the association and the CVYFL. I do hereby consent to any x-ray, examination, and anesthesia, medical or surgical or dental treatment that is considered necessary by the attending physician or dentist. I understand that in any emergency, reasonable efforts will be made to notify me.

FATHER/GUARDIAN DATE MOTHER/GUARDIAN DATE

