

**MEMBERSHIP APPLICATION - FARMINGDALE YOUTH FOOTBALL**  
**FARMINGDALE TITANS**  
**PLEASE PRINT**

Unit \_\_\_\_\_ Activity \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

Name \_\_\_\_\_ Tel \_\_\_\_\_  
LAST FIRST

Residence \_\_\_\_\_  
STREET TOWN ZIP

School Attend \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**CONSENT OF PARENT OR GUARDIAN**

I, UNDERSTAND, being the parent or guardian of

\_\_\_\_\_ do hereby grant permission for his/her  
NAME OF MEMBER

participation in all activities, athletic or otherwise, sponsored by Farmingdale Youth Football and release from responsibility said corporation and Farmingdale Youth Football for any injuries sustained by him/her or expenses incurred there from while engaged in any activity of Farmingdale Youth Football.

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN

Has child participated in this activity before? Yes \_\_\_\_\_ No \_\_\_\_\_ if Yes. Where? \_\_\_\_\_

If yes, team and or coach \_\_\_\_\_ Position Played \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Parental support is necessary for this activity to be a success \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Please check one of the following:

Coach or Manager \_\_\_\_\_ Field Maintenance \_\_\_\_\_ Fundraiser \_\_\_\_\_

Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Journal \_\_\_\_\_

Picture Day \_\_\_\_\_ Concession Stand \_\_\_\_\_

Additional Information \_\_\_\_\_