MEMBERSHIP APPLICATION - FARMINGDALE YOUTH FOOTBALL FARMINGDALE TITANS PLEASE PRINT

Male Female Tale Mame Tale	Unit			Activity	_ Activity					
Name LAST FIRST Residence	Male	Female	Female							
LAST FIRST Residence					MO	NTH	DAY	YEAR		
Residence	Name			Tel						
STREET TOWN ZIP School Attend Grade Age	Pasidanaa									
E-Mail Address	kesidence						ZIP			
CONSENT OF PARENT OR GUARDIAN I, UNDERSTAND, being the parent or guardian of	School Attend			Grade_			_ Age			
I, UNDERSTAND, being the parent or guardian of I, UNDERSTAND, being the parent or guardian of 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 DATE SIGNATURE OF PARENT OR GUARDIAN Has child participated in this activity before? Yes No if Yes. Where? If yes, team and or coach 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	E-Mail Addres	S								
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	responsibility s	n all activities, athle said corporation and rred there from whil	tic or otherwise, d Farmingdale Yo	outh Football y activity of	for any ir Farmingdo	ijuries s ile You	sustained by th Football.	him/her or		
Height	Has child part	icipated in this activ	vity before? Ye	s	No	if `	Yes. Where?			
Parental support is necessary for this activity to be a success	If yes, team and or coach				Position Played					
Father's Name Mother's Name Please check one of the following: Coach or Manager Asst. Coach Team Parent Journal	Height		Weight							
Please check one of the following: Coach or Manager Field Maintenance Fundraiser Asst. Coach Team Parent Journal Picture Day Concession Stand	Parental suppo	ort is necessary for t	this activity to be	a success _						
Coach or Manager Field Maintenance Fundraiser Asst. Coach Team Parent Journal Picture Day Concession Stand Team Parent	Father's Name	9	Mo	other's Nam	e					
	Coach or Mar Asst. Coach _ Picture Day _	nager	Field Mai Team Par Concessio	ent on Stand			Journal 			