JERSEY #	DIVISIONS DETERMINED BY AGE AS OF MAY 1ST 5 YEAR OLDS ARE DETERMINED BY AGE AS OF AUG 1ST	PLACE PHOTO HERE
_____	MM___ / PW__ / JR ___	

GREATER LOUISVILLE YOUTH FOOTBALL ASSOCIATION

REGISTRATION FORM 2026

CHILD'S NAME: _____AGE_____DOB_____

CHILDS SCHOOL: _____GRADE (2026) _____

FOOTBALL EXPERIENCE:_____FORMER TEAM NAME:_____LAST DIVISION:_____

PARENT/GUARDIAN NAME: _____RELATIONSHIP_____

ADDRESS_____CITY_____STATE_____ZIP:_____

HOME PHONE:_____WORK_____CELL:_____

EMAIL ADDRESS:_____

PLEASE LIST 2 INDIVIDUALS TO CONTACT IN CASE OF EMERGENCY:

NAME:_____RELATIONSHIP:_____PHONE:_____

NAME:_____RELATIONSHIP:_____PHONE:_____

LIST ANY MEDICAL CONDITIONS:_____CHILDS PHYSICAN_____

PLEASE LIST KNOWN ALLERGIES, ILLNESS OR PHYSICAL LIMITIONS_____

PARTICIPANT RELEASE

I,_____,(please print) do solemnly swear that I am the Parent or legal guardian of _____and that the above named player/cheerleader was born on ___/___/___. I understand that it is a misdemeanor for me to swear falsely and any such action will be prosecuted to the full extent of the law. I understand that the safety of the participant is the first importance to **GREATER LOUISVILLE YOUTH FOOTBALL ASSOCIATION** and its Cheerleading programs. I understand that in spite of all reasonable precautions, injuries can occur. Football is a collision sport and even the best equipment and training will sometimes not prevent an injury due to the many random factors involved in contact. I also understand that cheer leading has its risks as well. The law requires that parental permission by obtained for operative procedures on minors. I give permission for such transportation, diagnostic, therapeutic and operative procedures and transportation as many are deemed necessary for the participant. I, above said name give permission for the said child to participate in the **GREATER LOUISVILLE YOUTH FOOTBALL ASSOCIATION** and its cheer programs. In no way shall I hold GLYFA, its agents, clusters, employees, referees, coaches and any other persons participating in said league liable for any injury or losses to myself or child while participating in this league and its programs. *I fully understand that I am totally financially responsible for all equipment issued by The **Greater Louisville Youth Football Association** programs and return same promptly upon requested By Greater Louisville Youth Football Association programs. The **Greater Louisville Youth Football Association** maintains a "zero tolerance" policy for all disruptive behavior. This includes adverse actions by coaches, staff, players and fans of the GLYFA. No firearms are allowed at GLYFA events.*

PARENT/GUARDIAN SIGNATURE:_____DATE:____/_____/2026