

# AGAWAM YOUTH FOOTBALL ASSOCIATION

## TACKLE FOOTBALL REGISTRATION FORM



<b><u>TACKLE</u></b>	
PEEWEE (3 <sup>rd</sup> & 4 <sup>th</sup> )	<input type="checkbox"/>
JUNIOR (5 <sup>th</sup> & 6 <sup>th</sup> )	<input type="checkbox"/>
SENIOR (7 <sup>th</sup> & 8 <sup>th</sup> )	<input type="checkbox"/>

NEW PLAYER <input type="checkbox"/>
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**Player Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Grade of Player Fall 2026:** \_\_\_\_\_ **School of Player Fall 2026:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  
(PRINT CLEARLY)

**E-Mail Address:** \_\_\_\_\_  
(PRINT CLEARLY)

### Agawam Youth Football Association Grant of Permission & Release

I, the undersigned parent/guardian of \_\_\_\_\_,  
(Name of Player)

hereby grant permission for my child to participate in the Agawam Youth Football Association. I, hereby grant and on behalf of my heirs, executors and administrators, successors and assignees, irrevocably and unconditionally RELEASE AND DISCHARGE THE AGAWAM YOUTH FOOTBALL ASSOCIATION, TOWN OF AGAWAM, its agents, representatives, servants, employees, former employees, officers, and volunteers from any and all claims, charges, demands, complaints, liabilities, damages, actions, cause of action, suits, rights, costs, losses, debts and expenses of any nature whatsoever which may arise from or be the reason of any and all known and unknown, foreseen and unforeseen, personal and bodily injuries, sickness, disease or death, and any and all consequential damages which may result or rise from or by reason of my child's participation and/or attendance in this program and the use of town property and premises.

The undersigned hereby acknowledges that he/she has read this document and fully understands its content. The undersigned further acknowledges that his/her execution of this document is his/her free act and deed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does your child have a special medical need that our staff should be aware of in order to help him/her adapt to and progress with this program  Yes  No

If yes, please explain \_\_\_\_\_

**Please make checks out to: AYFA / Venmo @coachdematteo**

<b>Administrative Use Only:</b>				
<b>Birth Certificate (new player):</b> <input type="checkbox"/> Yes		<b>SAFL Registration Form (new player):</b> <input type="checkbox"/> Yes		
<b>SAFL Medical Form (returning player):</b> <input type="checkbox"/> Yes		<b>Sibling:</b> <input type="checkbox"/> Yes		
Weight	Helmet	Shoulder Pad	Jersey Size	
Date	Cash/Amount	Check #/Amount	Venmo/Amount	Received By: