KENOSHA YOUTH FOOTBALL LEAGUE

Registration Form

Est. 2014

Legal Name of Participant (must match birth certificate):

Last:	First:	MI:	Nickname:		
Address:					
City:		State:	Zip:		
Phone No:	_Birth date:	Age on Se	ptember 1st of th	nis fall:	
Gender: □Male □ <mark>Femal</mark> e	Sport: □Flag	□Football □C	Cheer		
School Name:	Grade Level in the upcoming fall:				
Mailing Address if different fro	m above:			- Filling	
Name of Parent/Guardian:		Re	elation <mark>ship to</mark> Ath	nlete:	
Address (if different):		City:	State: Zi	p:	
Cellular Phone:	Home Phone:				
Email:			1		
Emergency Contact Information Name Relationship to particip			ot be reached):		
Home Telephone No:	Cel	ll or work:	*****	 ******	
KYFL Official Use Only:					
Receipt Number:Particip					
Amount Due \$ Type of Transaction: Cash				\$	
Proof of Age verified? Weight today (Tackle only):	Initials Birth			No	
Division of play assuming curl Payment Plan 1/\$	ant ago and waight	: BN / FW / MV 3. /\$	V / LW / HW 4.	/\$	
ROD Signature	·				