

Use Blue or Black Ink Only To Complete This Form

Place Head Shot  
Photo of the Player  
In this Area Only

A recent photo of the  
player must be  
attached with this  
form.

Town: \_\_\_\_\_

1<sup>st</sup> / 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

# 2020 MYFA Player Certification Form Cleburne Association

Coach: \_\_\_\_\_

Jersey #: \_\_\_\_\_

Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ 2020-2021 School Year. Name of School Attending: \_\_\_\_\_

The above school is in the \_\_\_\_\_ ISD

Player's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

The above address is located in the \_\_\_\_\_ ISD

Identify and mark one of the following that applies for your child's Player Residence Designation (PRD):

- Lives in the Cleburne ISD = **Live-In Designation (LI)**
- Does not live in, but attends a school in the Cleburne ISD = **Attends Designation (ATT)**
- Does not live in or attend a school in the boundaries of a MYFA member association = **Non-Resident Player (NRP)**
- Player does not live in the Cleburne ISD or attend a Cleburne ISD school, but played football for Cleburne in 2019 (**Team:** \_\_\_\_\_ **Coach:** \_\_\_\_\_) = **Returning Player (RP)**

By signing this document below, as the parent or legal guardian of the child named above, is certifying that the information provided is true and accurate. Furthermore, I understand that if any information provided is determined to be false or in non-compliance with MYFA By-Laws the player named above may be prohibited from participating in MYFA indefinitely. In consideration of being allowed to participate, each participant and his/her parent/guardian waives any and all claims for injury, illness, accident or loss of any kind and hereby release and indemnify Metroplex Youth Football Alliance, Brazos Valley Football Association, North Central Texas Pee-Wee Football Association, all member associations, facilities, sponsors, members, volunteers and other representatives from any and all losses, claims, damages and other liabilities arising from the participation or attendance of any MYFA related activity. This shall apply and extend to MYFA related events from 08/01/20 through 12/31/20.

Parent or Guardian Signature: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

All Information below shall be completed by a Metroplex Youth Football Alliance Board Member Only.  
Once information is verified the MYFA will need to sign and date the information verified.

Certifications	Verified	Verified By	Town Rep Association	Date
Player Birth Certificate				
Residence Designation				
Player Photo				
Player Weight				

If a Player does not meet Live-In or Attend Requirements & requires approval from MYFA Board the Member Association Town Representative must present the Player Certification Form along with a Letter from a Parent/Guardian explaining the situation.

DATE:	Town Rep Signature Submitting Special Consideration	Town Rep Signature of 2 <sup>nd</sup> Member Association Included In S.C.

Signature of 2<sup>nd</sup> Member Association Town Representative is only required if that member association is involved in the Special Consideration Request.

DATE:	Action Taken By MYFA Board of Directors	Signature of MYFA Executive Board Member