

N H Y F S C

Certification Record

ASSOCIATION _____ YEAR _____

LEVEL OF PLAY

Football Mitey Mite Pee Wee Midget
Cheerleading Junior Pee Wee Junior Midget Sr. Midget

NAME _____ DATE OF BIRTH _____

(As it appears on birth Certificate)

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____ TELEPHONE: _____

SCHOOL ASSIGNED TO THIS SEPTEMBER: _____

REQUIRED PAPERWORK

BIRTH CERTIFICATE
PHYSICAL EXAM
PARENTAL PERMISSION
HLA WELCOME
SCHOLASTIC FITNESS
MEDICAL RELEASE

WAIVER

IF CHILD IS NOT FROM YOUR DRAW AREA

Reason _____

Letter On File Yes No

PREVIOUS EXPERIENCE

Where _____

When _____

I CERTIFY THAT THE INFORMATION ON THIS FORM HAS BEEN VERIFIED BY OUR ASSOCIATION AND THE ABOVE PLAYER / CHEERLEADER IS ELIGIBLE TO PARTICIPATE.

I FURTHER CERTIFY THAT THE MINIMUM PLAY RULE HAS BEEN EXPLAINED TO THIS PLAYER.

PLACE

PICTURE

HERE

Association President Signature / Date