



**VERMILION FOOTBALL LEAGUE
 PLAYER'S REGISTRATION FORM
 CITY OF ABBEVILLE RECREATION DEPT.
 101 NORTH STATE STREET
 ABBEVILLE LA. 70510**

Birthdate: _____ Age: _____ M _____ F _____
 (MONTH) (DAY) (YEAR)

Name: _____ School: **MC EHS AHS NVHS KHS DHS GHS**
 (Please circle one) **OTHER** _____

PLEASE CHECK ONE: TACKLE: _____ FLAG: _____ CHEERLEADER: _____
 Lives With (Father / Mother / Both)

< Father >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Work Phone _____
Fax Phone _____
Pager Phone _____

< Mother >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Work Phone _____
Fax Phone _____
Pager Phone _____

REQUIRMENTS FOR ALL PLAYERS

I do hereby give my permission for the above named to participate in the Vermilion Football league program during the current season. I will Assume all risks and hazards that are incidental to the conduct of the activities. I Further agree to release, absolve, indemnify and hold harmless, this local Vermilion Football League, their sponsors, organizers, supervisors, officers, and field owners, of all legal responsibilities.

I will submit proof of birth as required by the Vermilion Football League's as well as GPA standard of 1.5 during season in accordance with current Rules and Regulations, I understand if this is not furnished by me, the above name will not be eligible for Tournament play.

I give permission to this League, its officers and representatives, to provide medical treatment in case of and emergency or injury.

PARENT'S SIGNATURE: _____ **DATE:** _____

BIRTHDATE VERIFICATION: _____

Paid: Date: _____ **Cash:** _____ **Check#:** _____ **Verified by:** _____

Amount Paid: Please check one: ___ \$30 YTH TACKLE ___ \$20 FLAG ___ \$20 CHEER

MAKE ALL CHECKS PAYABLE TO CITY OF ABBEVILLE