

HALF HOLLOW HILLS YOUTH FOOTBALL LEAGUE



HILLS PRIDE FOOTBALL



FOOTBALL Registration Form 2017 Season

Child's Name _____

Date of Birth _____ Age as of 11/15/2017 _____ School _____

Address _____ Town _____

Primary email address _____

Home Phone # _____

Mothers Name _____ Cell # _____ Work # _____

Fathers Name _____ Cell # _____ Work # _____

Emergency contact other than above- Name & # _____

Returning registrant Y/N Jersey # _____ New Player Jersey # Request_1st choice _____ 2nd choice _____

If yes, Past Years Coach's Name _____ If Yes, Did you refer anyone to play for Pride? _____

If Yes, their name _____ If No, Where did you hear about Pride? _____

Pride Siblings – Name /age/Grade in September 2017: _____

Want to Volunteer for Coach : Y/N Asst. Coach : Y/N

Medical Release and Parent Authorization

I, _____ authorize my child to play football and/or cheer for HHHYFL. I understand that I must provide transportation to all of the practices and games. I will also provide my child with the necessary equipment which is not provided by HHHYFL. I agree that by signing this document, that I will not hold HHHYFL, their coaches, directors, officers, coordinators and volunteers responsible for any injury or illness arising out of playing tackle football or cheerleading. Excess medical coverage will only be provided by the league only after all other valid and collectible medical coverage is exhausted.

Signed: _____ Date: _____

Primary Insurance Carrier _____ ID# _____

Method of Payment: **Check (payable to HHHYFL)** **All Major Credit Cards** **Cash (in person only!)**
(\$10 Processing fee for all Credit Cards)

Credit Card:

AMEX / Visa/MasterCard # _____ Exp date: _____ Security Code _____ Billing Zip Code _____

Checks: Amount Paid \$ _____ Ck # _____ Date _____

*Please write on checks child's age, name and your phone number

Half Hollow Hills Youth Football League, Inc.
P.O. Box 20065
Huntington Station, NY 11746

This is **NOT** a Half Hollow Hills Central School District sponsored or endorsed activity

HHHYFL is an approved 501(c)3 Not-for-Profit Corporation

HHHYFL is fully insured

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HILLS PRIDE FOOTBALL



Football Equipment Check List 2017

Child's Name _____

Phone# _____

Date of Birth _____ Age as of 11/15/2017 _____

Designated Team _____ Coach _____

Jersey # Requested if New Player or Retuning Player that needs new Jersey

(Jersey # is NOT GUARANTEED. To be determined by HHHYFL)

A \$6.00 Fee is charged to have the names put on the Jerseys. This money is collected at equipment handout.

PRINT NEATLY! LAST NAME AS IT SHOULD APPEAR ON JERSEY

Empty rectangular box for printing last name

(Do not fill out below this line - League use only)

Division Age _____ Coaches Name _____

Received Returned

Shoulder Pads Size _____ () ()

Helmet Size _____ () ()

Deposit Check # Equipment _____

Deposit Check #D Concession Stand _____