

TO BE FILLED OUT BY PARK PERSONNEL ONLY

WEIGHED IN: _____

RESTRICTED: _____

PARK PRESIDENT SIGNATURE

PLAYER INFORMATION SHEET

NAME: Last _____ First _____ MI _____

BIRTHDATE: _____ Age on August 31, 2026: _____

ADDRESS: _____

CELL PHONE: _____

SCHOOL ATTENDING: _____ GRADE: _____

I affirm the above information is true and correct. If necessary, however, I give my permission for representatives of FCYF to obtain any supporting documentation needed to confirm the age of my child

As representatives of _____, we the undersigned do affirm that the above information
(athlete's name)

is true and correct and that the birth certificate attached to this affidavit is accurate and reflects correct information for the above listed child.

PARENT NAME: _____

PARENT SIGNATURE: _____

TO BE FILLED OUT BY TEAM COORDINATOR ONLY

ASSOCIATION NAME: _____ HEAD COACH: _____

GRADE DIVISION: _____

TAPE/GLUE PHOTO HERE

4X4 SQUARE WORKS THE BEST
PHOTO **MUST** CLEARLY
SHOW ATHLETE'S FACE AND NUMBER.