



SALLISAW YOUTH LEAGUE 2016 FOOTBALL SIGNUP FORM  
 FOOTBALL FEE: \$60.00 PER CHILD  
 IF MORE THAN ONE CHILD PER FAMILY IN FOOTBALL,  
 ADDITIONAL CHILD - \$40.00

AMOUNT PAID: \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_

**DO NOT RETURN THIS FORM TO SCHOOL!**  
**SIGNUPS MON., AUG. 15<sup>TH</sup> AT 6PM AT THE SALLISAW YOUTH LEAGUE OFFICE!**

This form must be completed in full, with a parent/legal guardian signature AND include payment to SYL. Please list the phone numbers where you can be contacted as this is very important for the coaches to be able to contact your child.

CHILD'S INFORMATION: PLEASE PRINT

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact outside of the home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent/guardian of the above named athlete, I give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

All uniforms must be turned in after the last football game. I understand that if I fail to return my child's equipment that I will be responsible for replacement costs of equipment (\$200).



Signature: \_\_\_\_\_

