

SALLISAW YOUTH LEAGUE 2015 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!**

SYL wants every child to have a chance to participate. This form must be completed in full and include signature of the parent or legal guardian 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: \_\_\_\_\_

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

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

Parent's Name: \_\_\_\_\_

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

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**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: \_\_\_\_\_