

WEST HEMPSTEAD YOUTH FOOTBALL CLUB

POST OFFICE BOX 426 ~ WEST HEMPSTEAD, NY 11552

2010 REGISTRATION

INDIVIDUAL.....\$ 185
 FAMILY\$ 325

Name:	School:
Address:	School Grade:
Town:	Telephone:
Zip:	Cell Phone:
Email:	D.O.B./ Age:

IN ORDER FOR THE PROGRAM TO RUN EFFICIENTLY, PARENT HELP IS NEEDED.
 THE CHILDREN WILL ONLY BENEFIT TO THE EXTENT OF YOUR INVOLVEMENT.
 BELOW ARE WAYS IN WHICH YOU CAN HELP.

CHECK APPLICABLE BOX:

- ? FUND RAISING COMMITTEE
- ? WORK IN SHACK DURING GAMES
- ? FIELD SECURITY
- ? TEAM MOTHER

1. IT IS AGREED THAT IT IS THE PARENTAL RESPONSIBILITY TO DETERMINE THE PHYSICAL FITNESS OF THE CHILD TO PLAY OR PARTICIPATE IN ACTIVITIES WITH THE WEST HEMPSTEAD BRONCOS.
2. ALL PLAYERS MUST SUBMIT A COPY OF THE SIGNED SCHOOL PHYSICAL FOR THE CURRENT YEAR.
3. IT IS THE PARENTAL RESPONSIBILITY TO PROVIDE TRANSPORTATION TO AND FROM PRACTICE AND GAMES.
4. ALL PARTICIPANTS AND PARENTS MUST ABIDE BY THE CODE OF CONDUCT SET BY THE WEST HEMPSTEAD YOUTH FOOTBALL CLUB, INC. AND THE NASSAU/ SUFFOLK FOOTBALL LEAGUE.
5. YOUTH FOOTBALL CLUB, INC. AND THE NASSAU/ SUFFOLK FOOTBALL LEAGUE.
6. **THERE WILL BE NO REFUNDS GIVEN. EACH PLAYER IS REQUIRED TO SUBMIT A \$350.00 POST DATED DEPOSIT CHECK UPON THE ISSUANCE OF EQUIPMENT.**

PARENT SIGNATURE

DATE

MAIL APPLICATION TO:

WEST HEMPSTEAD YOUTH FOOTBALL CLUB, INC.

P.O. BOX 426

WEST HEMPSTEAD, NY 11552

Make Checks Payable to: WEST HEMPSTEAD YOUTH FOOTBALL CLUB
CHECKS MUST BE SUBMITTED WITH APPLICATION

WHYFL USE ONLY
AGE _____
DUES _____
CHECK _____
CASH _____
RCVD. BY _____
DATE _____