

TUOLUMNE COUNTY YOUTH FOOTBALL AND CHEER
P.O. BOX 517 SONORA, CA 95370
PHONE: 209-533-4303 FAX: 209-532-7684
www.tcyfootballandcheer.com

REGISTRATION FORM

NAME _____ AGE AS F DEC 1, 2009 _____ GRADE FOR '09-'10 _____

MAILING ADDRESS _____ PHYSICAL ADDRESS _____

NOTE: WE NEED FULL ADDRESSES FOR BOTH MAILING AND PHYSICAL. PLEASE PRINT CLEARLY

PHONE _____ ALTERNATE PHONE _____

PARENTS _____ AND _____ PHONE _____

PARENTS _____ AND _____ PHONE _____

DID YOU PLAY LAST YEAR? _____ IF SO, WHAT TEAM? _____

E-MAIL ADDRESS _____ **THERE WILL BE NO WAIVERS THIS YEAR**

LEAGUE REQUIREMENTS: COPY OF LIVE BIRTH CERTIFICATE FOR ALL NEW PLAYERS (IF YOU PLAYED LAST YEAR, IT IS ON FILE)
PHYSICAL EXAMINATION FORMS MUST BE RECEIVED BEFORE STARTING PRACTICE (**NO EXCEPTIONS**) \$100.00 REGISTRATION FEE

PLAYER RESPONSIBILITY: EACH PLAYER MUST OBTAIN A \$100.00 SPONSORSHIP FROM A BUSINESS OR INDIVIDUAL BEFORE A
UNIFORM WILL BE ISSUED (PLEASE USE SPONSORSHIP FORM THAT IS PROVIDED)

PARENTAL RESPONSIBILITY: IT IS MANDATORY THAT ONE PARENT PER PLAYER WORK 3 2-HOUR SHIFTS AT HOME GAME PER YEAR
OR PAY \$20.00. YOU CAN SCHEDULE YOUR SHIFT OPPOSITE THE GAME YOUR PLAYER IS IN.

PAID: CHECK _____ CASH _____ OTHER _____