

# CFPO-PAL

Christian Federation of Police Officers  
Police Athletic League

Amount Paid: \_\_\_\_\_

( )PW 8U ( )Jr. 10U ( )Sr. 12U

Team Name: \_\_\_\_\_

**We put the FUN back in youth sports!**

Date Paid: \_\_\_\_\_

512-618-3081 www.texasyouthsixmanfootball.com

## 2016 SPRING SIX-MAN TACKLE FOOTBALL LEAGUE

**NOTE:** The registration fee for each child is \$90.00 Three age divisions of 8U, 10U and 12U, and league age is determined by what age you are before **September 1, 2015 (No 7<sup>th</sup> Graders in 12U)**. No team fee, but all teams are required to turn in a league approved binder prior to district play that must include a copy of each player's birth certificate with state seal, recent photo, report card(12U Only) and registration form (Texas ID or Military ID card will be accepted in lieu of birth certificate and photo). If you plan to use CFPO-PAL equipment (shoulder pads and helmet), we will need a \$50 deposit to hold until the equipment is returned, and if not returned by the last day of the championship games, your deposit will be forfeited.

Child's Name: \_\_\_\_\_ Main Telephone #: \_\_\_\_\_

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

Age: \_\_\_\_\_ Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Have you ever played **CFPO-PAL** Football? Yes ( ) No ( ) Team name: \_\_\_\_\_ Last Year Played: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### PLEASE READ CAREFULLY

I UNDERSTAND THAT THE ABOVE NAMED CHILD IS MY SON/DAUGHTER OR, I AM THEIR LEGAL GUARDIAN AND THEY WILL BE PLAYING FULL CONTACT FOOTBALL, AND I DO HEREBY GRANT MY PERMISSION FOR MY CHILD'S PARTICIPATION. I AGREE TO HOLD **CFPO-PAL YOUTH SPORTS** OR ANY OF THEIR COACHES OR AGENTS HARMLESS FOR ANY ACCIDENT THAT THE ABOVE NAMED CHILD COULD POSSIBLY BE INVOLVED IN. NO CHILD WILL BE ALLOWED ON THE FIELD UNTIL REGISTRATION IS PAID (DUE TO INSURANCE LIABILITY).

I HAVE INFORMED THE **CFPO-PAL YOUTH SPORTS LEAGUE** OF ALL MEDICAL OR PHYSICAL CONDITIONS WHICH MIGHT EFFECT MY CHILD'S ABILITIES AND I HAVE NOTED PERSONS TO NOTIFY IN CASE OF EMERGENCY. MY PERMISSION IS HEREBY GIVEN FOR MY CHILD TO PARTICIPATE IN THIS PROGRAM SPONSORED BY THE **CFPO-PAL YOUTH SPORTS LEAGUE** AND CONSENT FOR ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BECOME NECESSARY.

EXPLAIN ANY EXISTING MEDICAL OR PHYSICAL CONDITIONS THAT MAY LIMIT YOUR CHILD'S PARTICIPATION OR IS CONTROLLED OR CORRECTED WITH MEDICATION, (ALLERGIES, DIABETICS, ETC) THAT THE FOOTBALL LEAGUE SHOULD BE AWARE OF:

I understand that all the equipment given to my child is the property of the CFPO-PAL and I agree to return all equipment to the CFPO-PAL Youth Sports League at the end of the Six Man Season.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any additional information: \_\_\_\_\_

30 Years

Mail registration form along with check or money order to: CFPO-PAL, P. O. Box 1331, San Marcos Texas 78667