

**Anchor Bay Buccaneers Youth Football/ HFL.
Participant Registration Form**

Name: _____ DOB _____

Address: _____ City _____ Zip _____

Age By Aug. 1: _____ Shirt Size: _____ Pant Size: _____
(Adult or Youth) _____

Parents: Father _____ Mother _____

Home phone _____ Work phone _____

Cell phone _____

Parents Email: _____

Emergency Contact: Name _____ Phone _____

Family Doctor: _____ Phone _____

Insurance: _____ Policy/Group #: _____

Allergies (Food/Medicine/Outdoor) _____

**ENTRY FEE \$200 PER PARTICIPANT/ \$100 CHEERLEADING
PARTICIPANT**

I/We the undersigned parents/guardians of the above child, give our permission to participate in the Anchor Bay Buccaneers/Hometown Football League with

full understanding of the attendance policies, equipment policies, codes of conduct and that this is a full contact tackle program .

I/We also understand the HFL. policies and why these policies are in place. I/We understand that the HFL., its owners, Board of Commissioners, coaches, referees, schools and its administrators/personnel or any other person or business associated with the program will not be held liable for any injuries received by my child while participating. By signing below I/We understand and follow all HFL. policies.

Printed Name of Parent/Guardian _____

Signature _____ Date _____

Printed Name of Parent/Guardian _____

Signature _____ Date _____

FOR HFL, Inc. Use Received by _____ Date _____

Paid by Check _____ Cash _____ Credit _____

Receipt # _____ Balance Owed _____

Physical _____ Birth _____ Attd. _____ PCC/ACC _____ Equip. _____