

FAIRBANKS YOUTH FOOTBALL & CHEERLEADING www.fairbanksyouthfc.org



REGISTRATION FORM

Child Name:			
Child DOB:	Child School:	Grade:	
Child Address:		City:	
State:Zip:			
Guardian Name:		Contact Number:	
Guardian Email:			
of the camp activities a safely participate in the any health problems of current medical insura	and drills. My child has no r e FYFC Skills & Drills camp. r injury that might incur wh nce. I will not hold Fairbanl	s camp and authorize personnel to direct him/her in parti medical or emotional problems that may affect his/her ab The camp staff and training personnel are authorized to a nile attending this camp. I understand that my child must ks Youth Football and Cheerleading or its staff liable for a child while attending this camp.	oility to attend to have
promote FYFC. I under	stand that the images may edia. I also understand tha	ny permission to use my or my child: in photographs public be used in print publications, online publications, present t no royalty, fee or other compensation shall become pay	ntations,
Guardian Signaturo			