

# DEL NORTE YOUTH FOOTBALL & CHEER REGISTRATION 2010

Player/Cheerleader Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Returning: Player/Cheerleader (CIRCLE ONE) New: Player/Cheerleader

Home Address(Required): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

School attending this fall: \_\_\_\_\_ Grade this Fall: \_\_\_\_\_

List any siblings also registered with DNYF:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_ I give DNYF permission to photograph my child for the purposes of, but not limited to their web site and local publications.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**BOARD USE  
ONLY**

**Payment  
Amt. Pd**

Ck #

Cash

Rcpt #

\$25.00 Vol.  
Buy Out Rcpt #

**League Age  
Weight**