



# CUMBERLAND AREA YOUTH FOOTBALL LEAGUE, INC.



FOR YOUTH REGARDLESS OF RACE, COLOR, OR CREED

P.O. BOX 1294  
CUMBERLAND, MD 21502

FOR SPORTSMANSHIP, SCHOLARSHIP  
AND PHYSICAL FITNESS

## APPLICATION

**PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE**

1. I ( full name ) \_\_\_\_\_ agree to play football  
for the ( Team Name ) \_\_\_\_\_ of the Cumberland  
Area Youth Football league.

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

Phone # \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth : Month \_\_\_ Day \_\_\_ Year \_\_\_ Age: \_\_\_

I pledge to attain the highest level of scholarship , sportsmanship and physical fitness I can in  
accordance with the by-laws of the C..A..Y..F..L.

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### Parent or Gaurdian Consent

2. I grant my child ( full name ) \_\_\_\_\_ permission to play  
football for the ( Team Name ) \_\_\_\_\_ of the C.A.Y.F.L.  
and agree not to hold said league, officers, directors, team sponsors or any other patron or  
benefactor liable for any injury received by my child while traveling to and from practice or  
games or at practice or games.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Physician's Statement

3. \_\_\_\_\_ has been examined by me and is in good physical  
condition and fully able to participate in football practice and games.

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_