



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)
Braddock Warriors of the Cumberland Area Youth Football League.

Address: _____

Phone #: _____

School: _____

Date of Birth: M _____ D _____ Y _____

Age as of 9/1 of this year: _____ Grade: _____

I pledge to attain the highest level of scholarship, sportsmanship, and physical fitness I can in accordance with the by-laws of the CAYFL.

PARENT OR GUARDIAN CONSENT

2. I grant my child (full name) _____ permission to play
football for the (team name) Braddock Warriors of the CAYFL and agree to not
hold said league, officers, directors, team sponsors, or any other patron or benefactor liable for any injury
received by my child while traveling to/ from practice or games, or while at practice or games.

Signature: _____ Date: _____

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.

Physician's Signature: _____ Date: _____