



Davidson County Youth Football League Youth Sports Registration Form

(Revised 08/07/2020)



***COPY OF BIRTH CERTIFICATE MUST ACCOMPANY THIS FORM! ***

Booster Club: _____ Sport: _____ Division: _____ Sex: M F

Has Your Child Participated With Any Other Booster Club in Davidson County Youth Football Program? PLEASE
CIRCLE ONE-- NO YES

IF YES, WHICH OTHER BOOSTER CLUB AND WHY WAS THERE A CHANGE?

Players Last Name _____ First Name _____ Middle Name _____

Street Address _____ Mailing Address (if different) _____
(No Post Office Box Addresses)

City _____ State _____ Zip _____

Birthdate: Month _____ Day _____ Year _____

Public Elementary School District of Residence: _____

Currently Attending: _____ School. AGE: _____

Public Elementary School Attended (if different): _____ GRADE: _____

Please make sure everything is filled in above the dotted line

Parent or Guardian Information:

| NAME | HOME PHONE | WORK PHONE | E-mail Address |
|-----------------|------------|------------|----------------|
| MOTHER: _____ | _____ | _____ | _____ |
| FATHER: _____ | _____ | _____ | _____ |
| GUARDIAN: _____ | _____ | _____ | _____ |

The following criteria will be used to determine with which of the 14 booster clubs a youth should participate.

When entering the Davidson County Youth Football program, each youth has a choice to participate with the Booster club that represents the public elementary school district in which he/she lives or if the child attends a different public elementary school, he/she may participate with the booster club of that district. Once a child's booster club is determined, his/her eligibility would change only if there is a change in the following:

*** WHERE HE/SHE LIVES OR * WHICH PUBLIC ELEMENTARY SCHOOL HE/SHE ATTENDS**

NOTE: the domicile of their legal guardian (with whom the child lives) living in Davidson County will determine a youth's resident status.

Elementary school District is the standard graduation of elementary to middle to high school all within the same district.

It is the responsibility of each local booster club to verify both the school attendance/residency requirements and the parent/guardian signature on this form. The Davidson County Youth Football reserves the right to review any registration forms and declares ineligible any participant who has given false information.

In permitting your child to participate, I am specifically granting my permission to the Davidson County Youth Football to use the participants likeness, name, voice, and words in television, radio, film, newspaper, magazines, and other media, in any form, for the purpose of communicating the purposes and activities of the Davidson County Youth Football.

By signing this form, I promise all information on this form is fact. I understand that my child is eligible to participate with the above mentioned booster club.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____