

# The Metro Youth Football League - Player Card

Season: 2026

District: \_\_\_\_\_

Level/Team: \_\_\_\_\_

Place "L" here  
In ink for  
Possible  
L-Man Player  
Designation

## PLAYER INFORMATION *(Please Print Clearly)*

Player Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**In consideration of my child, named above, being allowed to participate in the MYFL, the undersigned(s), being the lawful parent(s) and/or guardian(s) of the above named minor for myself, spouse and my child/ward knowingly and freely assume all risks, both known and unknown and assume full responsibility for my child/ward's participation. I hereby release, hold harmless and agree to indemnify and defend the MYFL and its affiliated Districts from any and all liabilities with respect to any and all injury, disability, death, incident to my child/ward's involvement or participation in the MYFL. I hereby certify that all the information provided is accurate and that I have read the Release of Liability and Assumption of Risk statement above and fully understand its terms and by signing this form I have given up substantial rights and I sign this form freely and voluntarily without any inducement. I grant permission to the MYFL and its affiliated Districts to use photographs of my child/ward for promotional purposes without any remuneration. I acknowledge that I have read the Metro Youth Football League (MYFL) Football and/or Cheerleading rules, which are available on the MYFL website, and agree to be bound by the rules contained therein.**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION:**

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

## **District Certification of Player Eligibility**

*(To be completed by Authorized Franchise Representative Only!)*

The District certifies the players date of birth, age, level, weight and jersey # as follows:

Date of Birth \_\_\_\_\_ Age (as of 12/31/26): \_\_\_\_\_

Grade Level: \_\_\_\_\_ Freshman \_\_\_\_\_ JV \_\_\_\_\_ Waiver: Y \_\_\_\_\_ N \_\_\_\_\_

Weight (lbs): \_\_\_\_\_ Jersey #: \_\_\_\_\_  
*(weight is with player wearing all football equipment including helmet)*

*Authorized District Representative ("ADR"):* \_\_\_\_\_

ADR Name (print) \_\_\_\_\_

ADR Signature: \_\_\_\_\_

*District to  
Place Player  
Picture Here  
(Please tape, glue or staple)*

*For football players the photograph must show  
The player from the waist up, showing players  
Face without a helmet and showing the  
Players jersey number clearly.*

## *For District Internal Use Only!*

Registration Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Current Physical Waiver (if any) \_\_\_\_\_