

The Metro Youth Football League - Player Card

Season: 2025

District: _____ Division (Stars/Stripes): _____

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 web- site, 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 12/31/25): _____

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) _____