



PERMIAN BASIN
YOUTH FOOTBALL LEAGUE

TOURNAMENT TEAM FORM

TEAM NAME: _____ AGE GROUP: _____ CITY: _____

COACH'S NAME: _____ PHONE #: _____

EMAIL: _____

CHECK #(payable to PBYFL): _____ CASH: _____ CC: _____ \$300.00

BIRTH CERTIFICATE: _____

WAIVER(for each player): _____

ROSTER: _____



PERMIAN BASIN
YOUTH FOOTBALL LEAGUE

WAIVER

Player's Name: _____ DOB: _____

Parents/Guardian's Name: _____

I hereby release Permian Basin Youth Football League from any and all claims and liability of any kind of personal injury or property damage due to participation in this League. I understand that participation in sports include physical contact and certify that my child is in good health and able to participate in all activities, practices, and games. I agree to notify a Coach and Board Member of any preexisting medical or physiological conditions. If attention is required for illness or injury, I give my permission to Coaches, Board Members and the Permian Basin Youth Football League, for such care. I give my consent for my child to be photographed or videotaped while participating in all activities, practices, and games and for the images to be used by Permian Basin Youth Football League for promotional purposes only. I have reviewed the Rules and Regulations on our website and agree to abide by them.

Signature of Parent or Legal Guardian _____ Date _____

WAIVER

Player's Name: _____ DOB: _____

Parents/Guardian's Name: _____

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