

TEAM Name _____

Level B/C-team A-team

PLAYER Name _____

Address _____
Physical Address - NO P.O. Box

City/Town _____

*.....
If at above address less than 1 year, previous Address & City/Town.*

Phone Number () _____

Age at END of CURRENT YEAR _____

Date of Birth _____

Grade (during season) 6th 5th 4th 3rd 2nd 1st K PreK

If any Grade was repeated, which grade?

School Attending _____

If Home Schooled = name of Governing Agency.
If PreK = preschool name or print "NO School"
Do NOT leave blank.

Was this player ever on a DIFFERENT TCYFL team's Roster? YES NO

If YES, which team? _____

Attention parents/guardians: players who were listed on a TCYFL team roster ANY previous year cannot switch to a different team unless they are released from the previous team or move into that area.

Parent/Guardian PRINTED NAME _____

Parent/Guardian SIGNATURE _____

Signature above gives TCYFL Officers authorization to obtain a copy of school records for verification of age and grade. If verification is necessary, a parent/guardian must accompany a TCYFL Officer to school district.

Head Coach's Signature _____