PARTICIPATION CHEER PROFILE

UYFL

PHOTO

ASSOCIATION NAME: _____

PARTICIPANT NAME: _____

BIRTHDATE: _____ **AGE:** _____

GRADE: _____

SCHOOL: _____

PARTICIPANTS HOBBIES/INTEREST: _____

_____

_____

PARTICIPANT PARENT/GUARDIAN INFORMATION

Name: _____

CELL PHONE: _____ WORK PHONE: _____

I, hereby with my signature, do certify the information below have been collected verified and verified by the means, as a minimum. As instructed in the UYFL National Rulebook and/or Operations, Manual, Current Version.

OFFICIAL PLAYER CERTIFICATION
LEAGUE USE ONLY

OFFICIAL SIGNATURE / DATE: _____

CONFERENCE VERIFICATION/SIGNATURE

Date of Birth	Age as of 7/31	Grade	Participation Contract	Medical Clearance	Emergency/Medical Consent	Scholastics