

KINGS PARK YOUTH ATHLETIC ASSOCIATION

PO BOX 818
Kings Park, NY 11754

Kings Park Youth Football 2009 Registration

Name: _____
Last First

Address: _____

Phone#: _____ Cell #: _____

Date of Birth: _____ Grade (as of Sept. 2009) _____

Age (as of 11/15/2009) _____ Weight _____ Jersey Size _____ Jersey # _____

*** Jersey numbers are **NOT** guaranteed ... YS, YM, YL, YXL, AS, AM are the available jersey sizes

Fathers Name: _____ Mothers Name: _____

Email Address : _____ (needed to get info to players throughout the season)

* Must supply an email address so that we can contact the entire organization quickly

Parent/Guardian Signature Required: I have read this form and understand that there are **NO REFUNDS** once uniforms have been distributed and teams have been formed. I agree to abide by all decisions by the KPY Board.

Parent/Guardian Signature: _____

Flag 5&6 year old _____ Football 7-12 year old _____

If a player turns 7 before 11/15/2009, he must be registered in the tackle program

I would like to help as: Head Coach _____ Asst. Coach _____ Team Mom or Dad _____ Volunteer _____

(KPY Board must approve all coaches)

Fees: Football \$185 – Flag Football \$75

Football Family Pricing (2) Players - \$345 (3) Players \$495 (4) Players \$615

Check or money order only, made payable to KPY

Full payment should accompany all registrations

No player can participate in practices until this form is completed and registration fees are paid.

Register early by mail, teams fill up very quickly. Returning players fill roster first.

Football Commissioner: Eddie Montemurro

KPY President: Don Quigley

Check out www.kingsparkyouth.com for additional information or email emonte53@optonline.net

KPY ADMINISTRATIVE USE ONLY:

Name: _____ Date Received: _____ Cash _____ Check _____ Check# _____ Amount _____