



**CENTRAL OHIO YOUTH ATHLETIC ASSOCIATION (COYAA)**

Signup Form for the 2019 Fall Football Season. The fees are \$250 with \$100 due at time of commitment to play. The rest of the payment is due by May 1<sup>st</sup>.

**ATHLETE INFORMATION-PLEASE FILL OUT ALL FIELDS SO WE HAVE ACCURATE INFORMATION FOR TEAMS.**

**ATHLETE NAME:**

**STREET ADDRESS:**

**CITY:**

**ATHLETES CURRENT AGE:**

**ATHLETES DATE OF BIRTH:**

**Grade Athlete will be Attending 2019-2020 School Year:**

**School Athlete will be Attending 2019-2020 School Year:**

**Has your Athlete participated in Tackle Football previously:**

No ☐

Yes ☐

If yes, please provide program and number of years participated: ☐

**MEDICAL INFORMATION-PLEASE PROVIDE DETAILS NECESSARY TO INSURE THE SAFETY OF YOUR ATHLETE. NOTE THAT ANY CHILD THAT HAS ASTHMA OR REQUIRES REGULAR USE OF AN INHALER MUST HAVE THAT AT THE FIELD AT ALL TIMES.**

**Does your athlete have any allergies/medical problems that we as an organization need to be aware of? NO: ☐ YES: ☐**

**If “yes” please provide additional details:**

**PLEASE PROVIDE CONTACT INFORMATION FOR ANYONE THAT YOU WILL WANT FOR COMMUNICATION PURPOSES. WE WILL UTILIZE A VARIETY OF TOOLS, SO PLEASE PROVIDE EMAIL AND CELL PHONE #**

**PARENT/GUARDIAN 1:**

**FIRST NAME:**

**LAST NAME:**

**EMAIL:**

**PHONE:**

**PARENT/GUARDIAN 2:**

**FIRST NAME:**

**LAST NAME:**

**EMAIL:**

**PHONE:**

**EMERGENCY CONTACT INFORMATION:**

**FIRST NAME:**

**LAST NAME:**

**EMAIL:**

**PHONE NUMBER:**

