*All information below must be provided to complete player certification process.*
*Use Blue or Black Ink Only To Complete This Form*

# 2021 MYFA Player Certification Form
# Brock Association

Town: _____

1ˢᵗ   2ⁿᵈ   3ʳᵈ   4ᵗʰ   5ᵗʰ   6ᵗʰ

Coach: _____

Jersey #: _____

Player Name: _____ DOB: _____ Age: _____

Grade: _____ *2021-2022 School Year.* Name of School Attending: _____

The above school is in the _____ ISD

Player's Home Address: _____ City: _____ Zip: _____

The above address is located in the _____ ISD

Identify and mark one of the following that applies for your child's Player Residence Designation (PRD):

___ *Lives in the Brock ISD =* Live-In Designation (LI - *Is Primary Designation over ATT if both apply)*
___ *Does not live in, but attends a school in the Brock ISD =* Attends Designation (ATT)
___ *Does not live in or attend a school in the boundaries of a MYFA member association =* Non-Resident Player (NRP)
___ *Player does not live in the Brock ISD or attend a Brock ISD school, but played football for*
   *Brock in 2020 (Team: _____ Coach: _____) =* Returning Player (RP)
___ *Player must submit a Special Consideration Form for approval because the player "Lives In" or "Attends" school in*
   *another member association's school district and did not play for Brock in 2020 =* Special Consideration (SC)

By signing this document below, the parent or legal guardian of the child named above, is certifying that the information provided is true and accurate. Furthermore, I understand that if any information provided is determined to false or in non-compliance with MYFA By-Laws the player named above will be prohibited from participating in MYFA indefinitely. In consideration of being allowed to participate, each participant and his/her parent/guardian waives any and all claims for injury, illness, accident of loss of any kind and hereby release and indemnify Metroplex Youth Football Association, all member associations, facilities, sponsors, members, volunteers and other representatives from any and all losses, claims, damages and other liabilities arising from the participation or attendance of any MYFA related event. This shall apply and extend to any and all MYFA related events from 08/01/21 through 12/31/21.

Parent or Guardian Signature: _____

Printed Name of Parent or Guardian: _____

Date: _____ Telephone Number: _____ Email: _____

---

*All Information below is to be completed by a Metroplex Youth Football Association Board Member Only.*
*Once information is verified the MYFA will need to sign and date the information verified.*

| Certifications | Verified By | Town Rep Assoc. | Date |
|---|---|---|---|
| Player DOB | | | |
| PRD & Address | | | |
| Player Weight | lbs | | |
| Photo | | | |