

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

Please Place Player  
Photo Inside This  
Area Only!

Any photos larger  
than this size will  
not be accepted.

Town: \_\_\_\_\_

1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

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 Cleburne ISD = **Live-In Designation (LI - Is Primary Designation over ATT if both apply)**  
☐ Does not live in, but attends a school in the Cleburne 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 Cleburne ISD or attend a Cleburne ISD school, but played football for  
Cleburne 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 Cleburne 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 be 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 or 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  | <u>lbs</u>  |                 |      |
| Photo          |             |                 |      |