



TEXASELECT

YOUTH FOOTBALL LEAGUE

FALL 2015 SEASON



Football Team Registration Form

ORGANIZATION NAME: _____

PRESIDENT/COMMISSIONER: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ MASCOT: _____ COLORS: _____

Our organization will have a team in the age division(s) checked below:

DIVISIONS: FLAG: _____ 8U: _____ 10U: _____ 12U: _____ 14U: _____

A team in a age group will consist of a minimum of 16 players.

FEES: Single team \$195, 2 teams \$175 ea., 3 teams \$150 ea., 4 teams \$125 ea. **14U Team \$295 ea.**

TEAM FEE COVERS REFS, GAME SITE, and AWARDS

(7 GAME SEASON, TOP 4 TEAMS PER DIVISION PLAYOFFS)

TEAMS MUST HAVE PLAYER INJURY INSURANCE

Injury Insurance available via Wilson Sports Insurance.

ALL COACHES MUST HAVE USA FOOTBALL CERTIFICATION

(Recognized Certifications from Fall Leagues Accepted in Lieu of USA Football)

NO BIRTH CERTIFICATES ACCEPTED, PLAYERS MUST HAVE ONE OF THE FOLLOWING:

STATE OF TEXAS I.D. CARD, MILITARY DEPENDENT I.D., OR CURRENT U.S. PASSPORT

I have enclosed the team registration fee for the number of age groups indicated above. I understand that once accepted into the TSYFL Fall 2015 season, this is a non-refundable fee. I agree that all coaches will provide current certification from USA Football for Fall League certification, and will permit a background investigation (\$5.00 per coach). I understand that all coaches must be approved by TSYFL prior to first game. I will receive TSYFL Organization Manual that outlines rules to be followed. I understand that payment must be made in the form of a money order, cashiers check, business check or personal check payable to Texas Select Youth Football League Inc.

The above terms and conditions have been acknowledge and agreed upon by:

Please PRINT Your Name: _____

Your Signature: _____ Date: _____