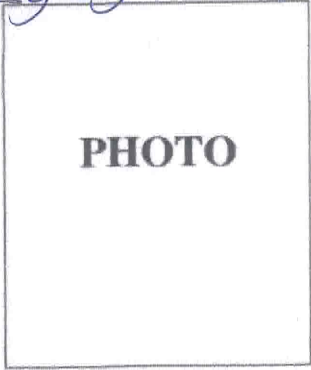


~~TEL: 514 511 6116~~
~~Big Apple Youth Football~~



American Youth Football Big Apple Youth Football Conference League Certification Form

A \$10.00 Processing fee is required for player certification



Association Name

Downtown Giants

Section A (League Official Only)

Participant's Weight: _____ Age: _____ Date of Birth: _____

Division: MM JPW PW JM M Inter

Older Lighter Yes No



Jersey #:

Date: _____ Certified By: _____

Section B (Parent or Legal Guardian)

Participant Name: _____ Date of Birth: _____

Parent Name: _____ Relation: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Boro: _____

Home Phone: _____ Work: _____ Cell: _____

School: _____ Class: _____ Age: _____

As the legal parent/guardian of the participant described in this certification, I hereby verify by my signature below that all of the information contained in Section B of this form is true and accurate. I understand that falsifying any information in this document potentially endangers the reputation and financial status of the league as well as the health of other players in the league. As such, if I am found to have provided false or materially misleading information in this document, I understand that the participant may be immediately disqualified from further participation in the league and I agree to pay a fine of \$1,000.00. In addition I understand that I may be subject to additional fines, penalties or injunctive relief that may be pursued in court.

Parent: _____ Date: _____
(Signature)

Notary: _____ Date: _____