

**TONY DORSETT TOUCH DOWN FOOTBALL LEAGUE 2018**  
**REGISTRATION MUST BE ACCOMPANIED BY "FULL" PAYMENT:**

CASH \_\_\_\_\_ *OR* CHECK \_\_\_\_\_

(1) WHAT GRADE WILL YOUR CHILD BE IN THIS FALL? \_\_\_\_\_

(2) WHAT IS YOUR CHILD'S AGE ON SEPTEMBER 1, 2018? \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

LAST FIRST WEIGHT \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP \_\_\_\_\_

RESPONSIBILITY PARENT(S)/GUARDIAN(S) NAME(S): \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_

EMPLOYER(S) \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_ POLICY NO \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

HOSPITAL PREFERENCE & PHONE # \_\_\_\_\_

**LIST BELOW ANY & ALL MEDICAL CONDITIONS THE COACH OR TDFL SHOULD KNOW ABOUT:**

\_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF PARENT(S) / GUARDIAN(S) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT(S) / GUARDIAN(S) \_\_\_\_\_ DATE \_\_\_\_\_

email Address (Please PRINT) \_\_\_\_\_

**LIST ALL PHONE NUMBERS (HOME/WORK/CELL/ALTERNATE) BELOW:**

\_\_\_\_\_  
 \_\_\_\_\_

**2018**

**www.TDFL.org**

**2018 SEASON REGISTRATION FEES:**

**CO-ED FLAG FOOTBALL**  
**FOR 6, 7, 8, 9, 10, 11, 12**  
**TACKLE FOOTBALL**  
**FOR 8, 9, 10, 11,**

**NOW THRU APRIL 30, 2018: \$95 for TACKLE,.....\$75 for FLAG**  
**MAY 1 - MAY 31, 2018: \$110 for TACKLE,.....\$90 for FLAG**  
**JUNE 1 - 30, 2018: \$130 for TACKLE,.....\$95 for FLAG**  
**JULY 1 - 15, 2018: \$150 for TACKLE,.....\$95 for FLAG**  
**JULY 16, 2018 - START OF SEASON: \$165 for TACKLE,.....\$95 for FLAG**

TEAMS WILL BE CREATED BY AGE.  
 AGE ON SEPTEMBER 1 DETERMINES WHICH AGE GROUP YOUR CHILD  
 WILL PLAY IN!

**YOU MAY ALSO CHECK OUR WEBSITE, PERIODICALLY**  
**AT [www.TDFL.org](http://www.TDFL.org) FOR INFORMATION!**

**PRACTICE STARTS LATE JULY - EARLY AUGUST**  
**SEASON STARTS LATE AUGUST**

YOU WILL BE CONTACTED IN LATE JUNE FOR  
 EQUIPMENT CHECKOUT AND IMPORTANT DATES!

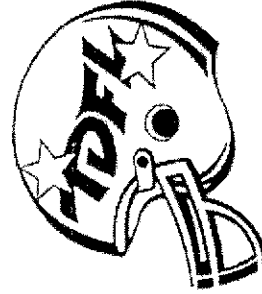
\*NEW PLAYERS\*\*BIRTH CERTIFICATE\*\*MUST BE VERIFIED\*

**ABSOLUTELY "NO" REFUNDS**

THANK YOU!

Make Checks Payable / Mail Payment to:  
**TOUCH DOWN FOOTBALL LEAGUE, Inc.**  
 POST OFFICE BOX 236  
 GALLUP, NEW MEXICO 87305

**MILLENNIUM MEDIA INC**  
**"WILL NOT" BE**  
**ACCEPTING APPLICATIONS**

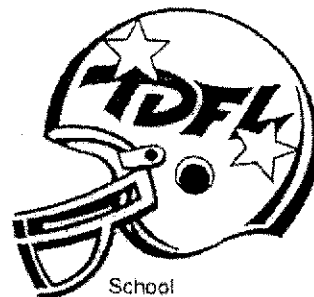


**PLEASE MAIL!**

**PREVENT LATE FEES...TURN EQUIPMENT IN IMMEDIATELY AFTER THE SEASON!**



TONY DORSETT  
 TOUCH DOWN FOOTBALL LEAGUE  
 P.O. Box 236  
 Gallup, New Mexico 87305



**2018**

## Athletic Physical Form

Name Birthdate Grade School  
 Address Home Phone  
 Sport(s)  
 Father Work phone Mother Work phone

Please give alternatives to contact in case of emergency in the event neither parent can be reached:

Name Phone Name Phone

**Medical History to be completed by parent (must be completed before physical)**

	Yes	No	Yes
Any past injuries			Presently taking medication
Fainting or dizziness while exercising			History of head injury
Allergies			Significant past illness
Asthma			Orthodontia (braces)
Wears contact lens/glasses			Any ongoing medical problems
Past surgical procedures			Seizures
Any hospitalizations			Bone/joint problems
Tetanus (date)			
Comments on any Yes			
Parent/Guardian signature			

**Physical Exam**

Height Weight Blood pressure Pulse

**(Normal) Comments/Follow-up (Normal) Comments/Follow-up**

General condition	Gastrointestinal
Skin	Lungs
Ears	Genito-urinary
Eyes	Neurological
Nose	Musculoskeletal
Throat	Spinal
Mouth/dental	Nutritional status
Cardiovascular	Mental health

I approve this student's participation in interscholastic sports for one year YES NO

Additional comments

PNP Signature

Date

Physician Signature

Date

