

KYF® Winter Classic Tournament Player Certification Form

Print Player Name: _____

Team Name: _____ City: _____ State: _____

Head Coach: _____ AGE DIVISION: 8U 9U 10U 11U 12U 13U 14U

The Player Certification form is required for each player and all information is necessary for proper identification. Player will be rejected at sign-in if information is incomplete

Jersey Number: _____

Player Height: _____

Player eye Color: _____

Player Weight (lbs): _____

Insert Color Photo of
player listed below

HEAD SHOT ONLY

Players Information:

Player's Full Name (Again): _____

Date of Birth: _____ Age: _____ (As of August 1st, 2021)

Address: _____ City/State/Zip: _____

Home Phone: _____ Email Address: _____

School information

School Attending 2021: _____

School Address: _____

City/State/Zip: _____

School phone Number: _____

ATTACH (Black & White) COPY OF BIRTH CERTIFICATE FOR THE PLAYER LISTED ABOVE

Failure to have a Birth Certificate for each player may result in that player being ineligible to compete in tournament.

Mother's (Guardian 1) Name (Print) _____ Signature: _____

Mobile #: _____ Email: _____

Father's (Guardian 2) Name (Print) _____ Signature: _____

Mobile #: _____ Email: _____