



Philadelphia Youth Football Academy * Belfield Recreation Center*
 Philadelphia, PA 19138* Phone: 215.526.8041*
 * Email: epough@pyfa215.org * Website: www.pyfa215.org

Your Interests:

1. What are your hobbies and interests?

2. Do you participate in any extracurricular activities outside of school (e.g., Boy/Girl Scouts, youth programs)? If yes, explain:

3. What is your career goal or what types of careers interest you?

4. Do you plan on attending college after you graduate? Yes No

5. What would you like to learn more about or become better at with the help of a coach/mentor?

Favorites:

What is your favorite...

Food _____
 Color _____
 Book _____
 Movie _____
 Music Group _____
 Song _____
 Person _____

Match Information:

Which days are you available to participate (and potentially one Saturday per month?):
 Monday Wednesday Friday Saturday

Can you participate from 3:00-6:00pm on Monday and (*TBA on Saturdays?*) (check all that apply):
 Monday Wednesday Friday Saturday

What three words best describe you? _____



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Philadelphia Youth Football Academy PROGRAM Application
 @ Belfield Recreation Center: (215) 526-8041

Permissions Form (a)

_____ School Records, Report Cards, Health Assessment Release (initial)

I give permission for _____ School to release to the Philadelphia Youth Football Academy my child's school records, including report cards, health assessments, and other pertinent information. I understand that these records will be used for evaluating my child and tracking improvements in school throughout the duration of his/her program enrollment. The documentation of my child's health history should be correct and complete; however, if it is not, I will provide further information/documentation is requested.

_____ Medical Assistance (initial)

In case of an emergency requiring medical attention, I, _____,
 (Print Parent/Guardian Name) Parent/guardian of _____, give permission for the Philadelphia Youth Football Academy (Print Youth Name) Mentoring Program staff to secure proper medical assistance for my child. As I realize program Staff cannot be responsible for administering medication that is not prescribed, in the event that I cannot be reached during a medical emergency, I give permission to the Physician selected by program staff to secure and administer treatment, including Hospitalization, for my child.

* Note: If the youth requires this kind of attention, he/she will be unable to attend the program.

_____ Photographic Release (initial)

I give permission for my child to fully participate in all program activities and special events without restriction, unless otherwise stated. I further give permission for my child to be photographed while participating in program activities, and for the resultant photographs to be appropriately used by PYFA, as well as in brochures, newsletters, presentations and other marketing materials developed to promote interest in PYFA programs/initiatives.

Please indicate any conditions/limitations we should be aware of (activities, behavior, medical, etc.):

By signing and dating this form, I acknowledge the foregoing permissions For _____ as applicable throughout the duration of (Print Youth Name) _____ enrollment in the Philadelphia Youth Football Academy Program at Finley. I also understand this form will be photocopied and used for field trips, special activities/events, etc.

Parent/Guardian Signature: _____ Date: _____ Home
 Phone: _____ Cell Phone: _____
 Provider Witness Signature _____ Date: _____

**Please Return Complete Application to Philadelphia Youth Football Academy at:
 Belfield Recreation Center, Attn: Rec Center Staff
 2109 Chew Avenue, Philadelphia, PA 19138
 Phone: 215-526-8041, Fax 215.555.5555
 PYFA FLAG FOOTBALL PROGRAM APPLICATION**