

THE TONY DORSETT TOUCHDOWN FOOTBALL LEAGUE

2026 Player Registration



What grade will your child be this fall?

What is your child's age on September 1, 2025?

Name of Child:

Birthday:

Home Address:

Mailing Address:

Responsible Parent/Guardian(S) Names:

Relation to Child:

Employer(S):

Name of Insurance:

Name of Insurance:

Policy #:

Family Dentist:

Phone #:

Family Physician:

Phone #:

Hospital Preference:

Phone #:

List 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:

Home Phone:

Work Phone:

Cell Phone:

**SEASON STARTS THE SEPTEMBER 5TH,
AND PRACTICE STARTS AUGUST 10TH**

CO-ED FLAG AGES

6-9

TACKLE AGES

8-9, and 10-12

NEW PLAYERS: BIRTH CERTIFICATES **MUST** BE VERIFIED

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

DEADLINES AND COSTS

TACKLE

FLAG

05/01/26 - 07/18/26

\$150

\$100

07/19/26 - 08/22/2026:

\$200

\$150

MAKE CHECKS PAYABLE / **MAIL PAYMENT TO:**
TOUCH DOWN FOOTBALL LEAGUE (TDFL)
POST OFFICE BOX 236
GALLUP, NM 87305

MILLENIUUM MEDIA **WILL NOT** BE ACCEPTING APPLICATIONS

PREVENT LATE FEES, TURN IN EQUIPMENT IMMEDIATELY AFTER THE SEASON

ABSOLUTELY NO REFUNDS



www.tdfll.pro



(774) 298-7305



PO Box 236, Gallup, NM



PARTICIPANT INFORMATION

First Name:	Last Name:	Middle Name:	Nickname:
Age:	Birthdate:	Address:	
Parent / Guardian Names:		City:	Zipcode:
Family Dentist:	Phone #:	Medical Insurance Co:	
Family Physician:	Phone #:	Policy Number:	

MEDICAL HISTORY: TO BE COMPLETED BY PARTICIPANT PARENT OR GUARDIAN, TO THE BEST OF YOUR KNOWLEDGE

Has anyone in the participant's family (grandparent, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50?	YES	NO
Has the participant ever stopped exercising because of dizziness or passed out during exercise?	YES	NO
Does the participant have asthma (wheezing), hay fever, or coughing spells after exercise?	YES	NO
Has the participant ever had a broken bone, had to wear a cast or had an injury to any joint?	YES	NO
Does the participant have a history of a concussion (being knocked out)?	YES	NO
Has the participant ever suffered a heat-related illness (heat stroke)?	YES	NO
Does the participant have a chronic illness or see a doctor regularly for any particular problem?	YES	NO
Does the participant have only one of any paired organs? (eyes, kidneys, etc)	YES	NO
Has the participant had surgery or been hospitalized in the past year?	YES	NO
Does the participant have any personal or family history of diabetes?	YES	NO
Is the participant allergic to any medications or bee stings?	YES	NO
Does the participant take any medicine?	YES	NO

Please give details of any "YES" answers from above:



I/We, _____ / _____
(Parent / Guardian(S) Name), hereby consent
to _____ (Participant's
Name) participating in the 2026 TDFL
football season.

We (Parent/Guardian and Participant)
understand that the participation in a
football program will expose the participant
to potential injury or harm because of the
nature of the sport.

We represent that the participant has no
health or physical problem, that will
interfere with or should preclude his/her
participation in this sport and that will notify
the coach if that changes. We have filled out
the medical history (next page) and given
the names of our participant's physicians.

We hereby assume all risks associated with
participating in the TDFL's football program.
We further agree that the above identified
player's attendance, play and/or
participation in any TDFL activities shall be
our sole risk.

We also understand that I/we are responsible for the return of all
equipment belong to TDFL which has been issued to my/our child and will
be billed in the amount of \$400 if the equipment is not returned to the
league upon completion of play for the 2026 season.

We hereby fully and forever release discharge the TDFL. TDFL officers,
directors, agents, coaches, employees, representatives, committee
members, contributors and successors, for any and all claims, causes of
action or liability for any injury, loss or damage sustained or incurred as a
result of or in any way associated with the participant's attendance at or
participation in TDFL activities.

We agree to indemnify and hold harmless TDFL. TDFL officers, directors,
agents, coaches, employees, representatives, committee members,
contributors and successors, from any loss, damage, or expense
sustained and incurred by them arising from any such claims, cause of
action or liability, whether brought by one of us, anyone acting on our
behalf, or anyone else because of conduct attributed to us.

We understand and agree that this Release and Waiver shall be binding
upon our heirs, assign and any personal entity acting on our behalf
acknowledge our understanding of this Release and Waiver.

As parent or legal guardian of above named Participant, I hereby give my
consent for his/her participation in the athletic events associated with
TDFL. I also grant permission for treatment deemed necessary if a
condition arises during participation in these activities, including medical
or surgical treatment recommended by a medical doctor. I understand
every effort will be made to contact me prior to treatment.

Signature of Parent(S) / Guardian(S)	Date:
Signature of Parent(S) / Guardian(S)	Date:
Signature of Participant:	Date:



First Name:	Last Name:	Birthdate:	Nickname:
Grade:	School:	Address:	
Home Phone:		Sport: Youth Football	
Father:		Work Phone:	
Mother:		Work Phone:	

PLEASE GIVE ALTERNATIVE CONTACTS IN CASE OF EMERGENCY IN THE EVENT NEITHER PARENT CAN BE REACHED:

Name:	Phone:
Name:	Phone:
Name:	Phone:

MEDICAL HISTORY TO BE COMPLETED BY PARENT/GUARDIAN (MUST BE COMPLETED BEFORE PHYSICAL)

Any past injuries?	Yes	No	Presently taking medications?	Yes	No
Fainting or dizziness while exercising?	Yes	No	History of head injuries?	Yes	No
Allergies?	Yes	No	Significant past illness?	Yes	No
Asthma?	Yes	No	Orthodontia (braces)?	Yes	No
Wears contact lens/glasses?	Yes	No	Any ongoing medical problems?	Yes	No
Past surgical procedures?	Yes	No	Seizures?	Yes	No
Any hospitalizations?	Yes	No	Bone/joint problems?	Yes	No

I approve this student's participation in interscholastic sports for one year:	Yes	No
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Additional Comments:

PNP Signature	Date:	Physician Signature:	Date:
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WELCOME TO 2026 TDFL!

NOTE: BEFORE YOU PICK UP EQUIPMENT:

IF YOU HAVE NOT YET TURNED IN YOUR PHYSICAL, AND ALL REGISTRATION PAPERWORK, YOU MUST DO SO BEFORE ANY EQUIPMENT IS ISSUED. PLEASE BRING REMAINING PAPERWORK TO EQUIPMENT CHECKOUT! INCOMPLETE REGISTRATION FORMS MEANS **NO** EQUIPMENT CHECKOUT.

PLEASE OBSERVE THE 25 MPH SPEED LIMIT ON 6TH STREET

MANDATORY WEIGH-IN & EQUIPMENT CHECKOUT AT TDFL FIELD ON N. 6TH.

TUESDAY, JULY 21

ALL FLAG AND 8-9 TACKLE: 5:30-7:30

WEDNESDAY, JULY 22

WINDOW ROCK AND ZUNI, 10-12 TACKLE: 5:30-7:00

THURSDAY, JULY 23

GALLUP AND HOZHO, 10-12 TACKLE: 5:30-7:30

- PRACTICE BEINGS THE WEEK OF AUGUST 10TH
- COACHES WILL BE CONTACTING YOU FOR PRACTICE. BE PATIENT!
- **FIRST GAMES WILL BE SEPTEMBER 5TH.**
- PICTURES WILL BE TAKEN AT THE FIELD THE FIRST WEEK OF THE SEASON (FIRST GAME). COACHES WILL ADVISE YOU.
- BE PRESENT FOR INDIVIDUAL AND TEAM PHOTOS **ONE HOUR** BEFORE YOUR GAME. PLEASE BE **ON TIME** OR YOU WILL MISS PICTURES.
- PLEASE COMPLETE THE PICTURE ORDER SHEET YOU RECEIVE BEFORE YOU COME TO YOUR FIRST GAME.
- 16TH ANNUAL FOUR CORNERS INVITATIONAL YOUTH FOOTBALL CHAMPIONSHIPS IN GALLUP NOV 7 & 8, 2026. ALL FEES PAID BY TDFL FOR TEAMS WHO QUALIFY

INFORMATION MAY BE UPDATED PERIODICALLY. THANK YOU FOR PARTICIPATING! HAVE A GREAT SEASON WITH GREAT SPORTSMANSHIP!