



# REGISTRATION FORM 2017

## FOOTBALL / CHEER (CIRCLE ONE)

<b>PLAYER INFORMATION</b> (Name must match birth Certificate exactly)	
Child's Last Name _____	Name that child wishes to be called: _____
Child's First Name _____	_____
Address _____	DOB _____
City/State/Zip _____	Age as of July 31 _____
Primary Phone _____	Approximate Weight (football only) _____
Preferred Language spoken: _____	How did you hear about us? _____
<b>PARENT/GUARDIAN INFO</b> Child lives with: Both ___ Mom ___ Dad ___ Other ___	
<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Name _____	Name _____
Address _____	Address _____
City _____ ZIP _____	City _____ ZIP _____
Main Number (____) _____	Home Number (____) _____
Second Number (____) _____	Cell/Work Number (____) _____
Email _____	Email _____
<b>EMERGENCY CONTACT INFORMATION</b>	
Last Name _____	<b>Parent Permission and Release</b>
First Name _____	<i>I give permission for my child, name above, to</i>
Primary Number (____) _____	<i>participate in full contact football and /or cheer</i>
Physician Name _____	<i>activities. In case of an emergency, I hereby</i>
Physician Number (____) _____	<i>authorize any necessary medical treatment .</i>
Medical Insurance (____) _____	Signature _____
	Date _____
<b>FOR LEAGUE USE ONLY</b>	
Check # _____	Cash _____
Amount Paid _____	Balance Due _____
Preliminary Team Assignment:    MM            JPW            PW            JM            M	
<i>(Please Circle One)</i>	