



# PAX RIVER RAIDERS YOUTH FOOTBALL LEAGUE

P.O. Box 1422, California, 20619

[www.paxriverraiders.org](http://www.paxriverraiders.org)



## Player Profile

1. Please verify the player information below:

Players Name:

Players Phone Number:

2. How many seasons of tackle football has your child played? \_\_\_\_\_

3. What position would your child like to play during the season? \_\_\_\_\_

4. Does your child have any known allergies or medical conditions (i.e. asthma)?

\_\_\_\_\_

5. Please list the email addresses you would like included in our team emails:

Name	Relation to Player	Email Address (Please write as legibly as possible)

6. Please list up the cell phone numbers that we may use to text you at:

Name	Relationship to Player	Cell Number

**THANK YOU!**  
Coaching Staff