



# Alden Junior Football and Cheerleading REGISTRATION FORM

**\*\* PLEASE PRINT \*\***

PARTICIPANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

GUARDIAN 1: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GUARDIAN 2: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: \_\_\_\_ AGE (as of 11/30/17): \_\_\_\_ SCHOOL: \_\_\_\_

GRADE(Fall 2017): \_\_\_\_ WEIGHT (football only): \_\_\_\_ NUMBER OF PREVIOUS YRS: \_\_\_\_

TEAM : CHEER \_\_\_\_\_ FOOTBALL \_\_\_\_\_

Football only, please list 3 number preferences: \_\_\_\_\_  
(We will do our best to accommodate preferences but there is no guarantee of receiving number requested).

If consenting to texting, what is name of service provider? \_\_\_\_\_

Names of siblings who are also participants of AJFC, if applicable: \_\_\_\_\_

Medical Conditions, if applicable: \_\_\_\_\_

By signing below, you agree that all the information provided is true and correct.

Please Initial:

I have read and agree to the AJFC Rules: \_\_\_\_\_

I have read and agree to the AJFC Code of Conduct: \_\_\_\_\_

I have read and signed the Medical Waiver Form: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

Team: \_\_\_\_\_

Reg. Fee: \_\_\_\_\_

Deposit : \_\_\_\_\_

Birth Cert.: \_\_\_\_\_

Picture: \_\_\_\_\_

Jersey Fee: \_\_\_\_\_