



REGISTRATION FORM 2016

FOOTBALL	
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CHEER	
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PLAYER INFORMATION (Name must match birth Certificate exactly)	
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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 _____
Home Phone _____	Approximate Weight (football only) _____
Team Level Played Last Year __MM__JPW__PW__JM__M	How did you hear about us? _____ _____

PARENT/GUARDIAN INFO Child lives with: Both__ Mom__ Dad__ Other __	
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Parent/Guardian 1	Parent/Guardian 2
Name _____	Name _____
Address _____	Address _____
City _____ ZIP _____	City _____ ZIP _____
Home Number (____) _____	Home Number (____) _____
Cell/Work Number (____) _____	Cell/Work Number (____) _____
Email _____	Email _____

EMERGENCY CONTACT INFORMATION	
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Last Name _____	Parent Permission and Release
First Name _____	<i>I give permission for my child, name above, to</i>
Home 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 _____

FOR LEAGUE USE ONLY	
Check # _____	Cash _____
Amount Paid _____	Balance Due _____
Preliminary Team Assignment: MM JPW PW JM M	
<i>(Please Circle One)</i>	