



VIRGINIA STAFFORD KNIGHTS YOUTH FOOTBALL INFORMATION SHEET

VSKYF

SPORT: TACKLE CHEER

RETURNING PLAYER?: YES/ NO

ALL FIELDS MUST BE COMPLETED BEFORE ANY CHILD WILL BE PERMITTED TO PARTICIPATE

Child's Name: _____ Date: _____

Birthdate: _____ Age: _____ Grade: _____

Full Address [Street, City, Zip]:

Mother's Name/Legal Guardian: _____

Email: _____ Phone: _____

Father's Name/Legal Guardian: _____

Email: _____ Phone: _____

Emergency contact name/phone: _____

Medical Insurance? YES NO

Insurance Carrier name: _____

Parent Agreement: By submitting the above information I/we the parents/guardians of the applicant agree to comply with the VSKYF program rules and regulations. I agree to participate in program fund raising and community service. I agree to be financially responsible for any damage to property or equipment owned by VSKYF caused by myself, spouse, or child. I understand that failure to comply with the VSKYF rules and regulations and the stated above could result in disciplinary action including disqualification of the applicant.

Parent Acknowledgement: I/We Certify that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read the parent agreement and the rules and regulations and fully understand its terms. I am signing this freely and voluntarily without inducement.

X

Signature of Parent/Guardian

X

Printed Name of Parent/Guardian