

Birth Certificate Received _____

Paid: _____ Check _____
Amount: _____ Cash: _____



Registration Form

Name: _____ Birthdate: _____ / _____ / _____
 (Last Name) (First Name) mm/dd/yy

Address: _____ Age: _____
 as of 4/30

City: _____ State: _____ Zip: _____

Telephone: _____

New Player: Veteran Player: Last Year Jersey # _____ # of Years: _____

Playing Division (Football Players)			
		Playing Age	Maximum Weight
Smurf	<input type="checkbox"/>	5 - 8 yrs old	75 pounds
PeeWee	<input type="checkbox"/>	8 - 9 yrs old	96 pounds
Pony	<input type="checkbox"/>	8 - 11 yrs old	120 pounds
Midget	<input type="checkbox"/>	8 - 13 yrs old	150 pounds
Current Weight:		_____	

Cheerleaders		
		Grade attending 08-09 School Year
Smurf	<input type="checkbox"/>	Grades K-2
PeeWee	<input type="checkbox"/>	Grades 3-4
Pony	<input type="checkbox"/>	Grades 5-6
Midget	<input type="checkbox"/>	Grades 7-8

PARENT / GUARDIAN INFORMATION

Mother's/Guardian Name: _____

Home Telephone: _____

Work Telephone: _____

Cell Number: _____

E-mail Address: _____

Father's/Guardian Name: _____

Home Telephone: _____

Work Telephone: _____

Cell Number: _____

E-Mail Address: _____

MEDICAL INFORMATION

Family Physician: _____

Telephone Number: _____

Insurance Carrier: _____

Subscriber Name: _____

Allergies: _____

Medications taken regularly: _____

Medical or Physical Conditions: _____

Emergency Contact: _____

Emergency Contact: _____

Family Dentist: _____

Telephone Number: _____

Policy Number: _____

Hospital Preference: _____

Telephone: _____

Telephone: _____

