

RETURNING PARTICIPANT APPLICATION ONLY (FROM 2015)

FOOTBALL OR CHEERLEADING

**** Name of Participant:**

ALL INFORMATION BELOW IS REQUIRED FOR RE-REGISTERING

Name of (**Mother**) Parent:

Current address:

City:

State:

ZIP Code:

Telephone:

****Cell:**

**** EMAIL Address for Mother:**

Name of (**Father**) Parent:

Current address:

City:

State:

ZIP Code:

Telephone

****Cell:**

**** EMAIL Address for Father:**

GENERAL INFORMATION

**** Date of Birth:**

Age (7/31):

Name of School:

Grade in September:

Approx. Weight:(Football Only)

Jersey #

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

MEDICAL INFORMATION

Name of Doctor:

Address:

Phone:

City:

State:

ZIP:

****Name of Insurance Company:**

Name of Insured:

****Policy Number:**

Group Number:

SIGNATURES

I authorize the verification of the information provided on this form as to be true and accurate to the best of my knowledge.

**** Signature** of Mother:

Date:

**** Signature** of Father:

Date:

**** MANDATORY FIELDS REQUIRED:** (Either Parent or Guardian; Whom Ever is Signing up Participant)