

Participant's Name _____
Address _____
City _____ State _____ Zip _____
Birth Date _____ Phone (_____) _____

SINGLE MOTHER: YES _____ **NO** _____ (ALL SINGLE MOTHERS ARE REQUIRED TO CALL WHEN THEY REGISTER)

GRADES

SUBJECT	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SHIRT SIZE (circle one)

YOUTH S YOUTH M YOUTH L YOUTH XL
ADULT S ADULT M ADULT L ADULT XL XXL XXXL

FOOTBALL POSITION: _____

FAVORITE FOOTBALL TEAM: _____

FAVORITE FOOTBALL PLAYER: _____

Does your child have?

Allergies Yes No If yes, list. _ _____

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.

Yes No If yes, list. _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Work (_____) _____ Home (_____) _____