2008 Football Registration Form

****** Birth Certificate (<u>Copy</u>) is required to register for new players******

	Football Players	Age	Price
☐	85lb Team	Age 7-8 (*9)	150.00
☐	105lb Team	Age 9-10 (*11)	150.00
☐	135lb Team	Age 11-13	150.00

Please check the appropriate box above (see waiver chart for below)
****9 year old must be under 65 pounds and age is 9 as of 8/1/08***
****11 year old must be under 85 pounds and age is 11 as of 8/1/08***

***For Board Use Only ***	
Date	2008
Registration #	
Registration	**$ 150.00**
Chin Strap ($10.00)	
Total	

Please Print Clearly (Form will be used for Jersey & 3YearJacket Name, Banquet Program, and Trophies)

Last Name First Name M/I

Street Address City State Zip Code

Date of Birth* Parent or Guardians Name (first and last name)

Phone Number E-Mail Address

PLEASE REMEMBER THAT THE REGISTRATION PRICE INCLUDES A PARENT OF EACH PLAYER WORKING ONE SHIFT IN THE SNACK STAND OR LINE MARKERS - NO EXCEPTIONS

(If you do not volunteer to help you will be assigned a duty and a time to fulfill your obligation)

Football Equipment:

☐ Helmet _____ ☐ Shoulder _____ ☐ Rib _____ ☐ Knee _____ ☐ Thigh _____
☐ Pants _____ ☐ Socks _____ ☐ Belt _____ ☐ Mouth Guard ☐ _____

Medical Release for Treatment in Case of Emergency

I grant my permission to Grand Island Jr. Viking Football, Inc. to authorize and obtain medical help from a licensed physician, hospital, or medical clinic should my child become ill or injured when I am not available to give authorization for treatment.

Family Physician: _____ Address: _____ Telephone: _____-_____

Allergies: _____ Medical Conditions: _____ Date of last Tetanus Shot: _____

_____ _____ _____

_____ _____ _____

Medical Insurance Policy Number: _____

Medical Insurance Policy Provider: _____

We (I) the parent(s) of the above named player hereby give our (my) approval for Football or Cheerleader to participate in any and all activities sponsored by Grand Island Jr. Vikings Football, Inc. I certify the above named is in good physical and mental health, and that no Physician has advised against participating during this current season.

We (I) assume all risks and hazards incidental to such participation and we (I) hereby waive, release, absolve and agree to indemnify and hold harmless Grand Island Jr. Vikings Football, Inc. and all individuals associated with or aiding it in any manner from and for any claims arising from any such activities, including transportation to and from practice and games, except to the extent and in the amount covered by and medical, accident, and/or liability insurance maintained by or for Grand Island Jr. Vikings Football, Inc.

I understand that my registration fee is not refundable after August 29, 2008. (Refund will be less any equipment purchases league has already made for player, this includes Jersey Purchase)

_____ _____

Parent/Guardian Signature **Date**

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