2010 Football Registration Form

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

	Football Players	Age	Price
☐	80 lb Team	Age 6-7	165.00
☐	100 lb Team	Age 8-9	165.00
☐	120 lb Team	Age 10-11	165.00
☐	145 lb Team	Age 12-13	165.00

Please check the appropriate box above (see age info below)
****80lb - Ages 6 & 7 – Based on participants age on 7/31 of current year (Instructional league)***
****100lb - Ages 8 & 9 – Based on participants age on 7/31 of current year***
****120lb - Ages 10 & 11 – Based on participants age on 7/31 of current year***
****145lb - Ages 12 & 13 – Based on participants age on 7/31 of current year***

***For Board Use Only ***	
Date	2010
Registration #	
Registration	**$165.00**
Chinstrap **$10.00** **Optional Purchase**	
Total	

Please Print Clearly (Form will be used for Football Jersey, 3 Year Jacket, 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 (The following will be handed out at a later date; you will be contacted before practice starts):

☐ 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 28, 2010. (Refund will be less any equipment purchases league has already made for player, this includes Jersey Purchase) Please retain your copy of this form and submit to the head coach to receive your refund.

_____ _____

Parent/Guardian Signature **Date**

Weight	
Jersey #	
Team	