Team

Jersey #

I TGGP 'NGXGN FOOTBALL Registration

Player's Name:		Phone:
Address:		Cell Phone:
Email Address:		Date of Birth:
School:	Present Grade:	Birth Certificate: Yes or No
Age as of 8/1/2018:		(ONLY for new members) officer initials
Team on last year: Pee Wee	/ Mites / Midgets / New Player	Approximate Weight:
Do you have a sister/brother already on a team?		If yes, what team?
Fathers Name: Mothers 1		Name:
With whom does the child res	side?	
Name of Insurance Carrier:		_ Policy #:

I/We certify that the above information is correct. I/We give permission for my/our child to participate in the Green Level Football Program. I/We understand that Medical Insurance covering my/our child is required and is my/our responsibility. I/We, the parents/guardians of the above named participant of Green Level Football I, hereby give my/our approval to participate in any and all Green Level Football activities, including transportation to/from activities. I/We understand that participation in football may release, absolve, indemnify and agree to hold harmless Green Level Football, Town Of Green Level, the organizers, sponsors, coaches, other participants and persons transporting my/our child to/from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/We agree to return all equipment issued to my/our child in as good condition as when I/We received it, except for normal wear and tear. If equipment is not returned on the return date, I/We will be responsible for a late fee, Sheriff Retrival Fee and/or any equipment items not returned. You could also forfeit your right to participate in later years of football. A completed emergency form will be required for all players once the practice season begins.

\$25.00 Registration Fee for Residents \$45.00 Registration Fee for Non-Residents

Signature of Parent/Guardian:	Date:		
Jersey Size (Circle One): Youth – S M L XL XXL			
Jersey Pant (Circle One): Youth – S M L XL XXL			
Officer Use Only			
Date: Registration fee pd: Check #: Cash: Officer initia	lls:		