

2009 STATELINE COMETS FOOTBALL

Player Registration Form

www.statelinecometsfootball.com

Playing Level

BANTAMWEIGHT (7-8) LIGHTWEIGHT (9-10) MIDDLEWEIGHT (11-12) HEAVYWEIGHT (13-14)

Player Information

Player Name: _____ Birth date: _____ Players Age:
Address: _____ Birth cert. on file: Yes No
City/St/Zip: _____ Years Of Organized Football _____
Home Phone: _____ Work Phone: _____ Years With Comets _____

Parent / Guardian Information

Father (male guardian): _____ Mother (female guardian): _____
Cellk Phone: _____ Cell Phone: _____

E-Mail Address: _____

Medical Information

Emergency contact (Other than Parents): _____ Phone: _____
Physician Name: _____ Phone: _____
Health Concerns: _____

Informed Consent

I hereby give my permission for the above player to participate in the Staseline Comets Football Organization for the 2009 season. I authorize the Comets to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted under the condition that a reasonable attempt be made to contact me, circumstances permitting, prior to treatment. My child and I are aware that playing football is a potentially hazardous activity and we assume all risks associated with playing football, including but not limited to falls, contact with other players, weather related risks, traffic and all other reasonable risk conditions associated with the sport. I understand this informed consent and agree to its conditions on behalf of my child.

Processing Fees

Fee:
 Fundraiser:
 Buy Out ^{Or}
Late Fee: * After 5/1/09
Multi-Player Disc: Check No: _____
Total fees:
Equipment Deposit: Check No:

Accepted By:

Player Signature: _____ Date: _____

Parent or Guardian signature: _____ Date: _____

Player Measurements

Weight: _____ Height: _____ Head: _____ Chest: _____ Shoulder: _____ Waist: _____

Equipment

Helmet: _____ Shoulder Pads _____ Girdle _____ Pants: _____ Game Jersey: _____