



STATELINE COMETS
P.O. Box 58
Spring Grove, IL 60081-0058
www.staselinecometsfootball.com

STATELINE COMETS 2011 FOOTBALL REGISTRATION FORM

Playing Level (based on age as of September 1st)

Bantam (7-8) <input type="checkbox"/>	Lightweight (9-10) <input type="checkbox"/>	Middleweight (11-12) <input type="checkbox"/>	Heavyweight (13-14) <input type="checkbox"/>
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Player Information

Name: _____	Date of birth: _____
Address: _____	Age as of September 1, 2011: _____
City: _____ State: _____ Zip: _____	Fall 2011 school grade level: _____
Home Phone: _____	Birth Certificate on file: Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent / Guardian Information

Father (male guardian): _____ Cell Phone: _____ Work Phone: _____ Email address: _____	Mother (female guardian): _____ Cell Phone: _____ Work Phone: _____ Email address: _____
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Medical Information

Health Concerns: _____
Emergency contact (other than parents): _____ Phone: _____
Physician Name: _____ Phone: _____

Informed Consent

I hereby give my permission for the above player to participate in the Staseline Comets Football Organization for the 2011 season. I authorize the Comets to provide emergency treatment for 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.	
Player signature: _____	Date: _____
Parent / Guardian signature: _____	Date: _____

Fee and Deposit (separate check for each)

<input type="checkbox"/> 1 st Child \$280	Method of payment: <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Cash
<input type="checkbox"/> 2 nd Child \$190	Amount paid: \$ _____
<input type="checkbox"/> 3 rd Child Free	
Equipment / Volunteer Deposit \$200	Method of payment: <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Cash