

PAPILLION YOUTH SPIRIT FOOTBALL LEAGUE

2011 REGISTRATION FORM

PLAYER'S NAME: _____

AGE AS OF 8-01-2011: _____ BIRTHDAY: _____

WEIGHT(EST): _____ HEIGHT(EST): _____

YEARS OF FOOTBALL EXPERINECE: TACKLE: _____ FLAG: _____

SPIRIT TEAM PLAYED ON LAST YEAR: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE NUMBERS: _____

EMAIL ADDRESS: _____

INTERESTED IN COACHING: _____

COACH REQUEST: _____

REFUND POLICY:

BETWEEN REGISTRATION – EQUIPMENT HANDOUTS	100%
BETWEEN EQUIPMENT HANDOUTS – FIRST GAME	50%
AFTER FIRST GAME	0%

I HEARBY GIVE MY CONSENT FOR THE ABOVE NAMED INDIVIDUAL TO PARTICIPATE IN THE FOOTBALL PROGRAM SPONSORED BY THE SPIRIT FOOTBALL LEAGUE OF PAILLION, INC. AND AGREE TO WAIVE ALL CLAIMS AGAINST SUCH LEAGUE, ITS OFFICERS, AGENTS OR EMPLOYEES FOR INJURIES RESULTING FROM PARTICIPATION IN ANY GAME, PRACTICE, OR TOURNAMENT, OR RESULTING FROM TRANSPORTATION TO OR FROM ANY GAME, PRACTICE, OR TOURNAMENT SPONSORED BY OR IN WHICH THE LEAGUE PARTICIPATES.

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO PLAYER: _____

OFFICIAL USE ONLY

CHECK# _____ CASH _____

RAFFLE CHECK # _____ CASH _____