



# Football Registration Form

\*\*\* Birth Certificate (Copy) is required to register for new players\*\*\*



Football Players	Age	Price
<input type="checkbox"/> 80 lb Team (Striper unlimited)	Age 6-7	165.00
<input type="checkbox"/> 100 lb Team (Striper 115lb)	Age 8-9	165.00
<input type="checkbox"/> 120 lb Team (Striper 135lb)	Age 10-11	165.00
<input type="checkbox"/> 145 lb Team (Striper 160lb)	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	
Registration #	
Registration <b>\$165.00</b>	
Parent Obligation Opt Out Fee <b>\$25.00</b>	
Additional:	
Total	

\*\*\*PARENT OBLIGATION OPT OUT FEE - IN THE PAST GI JV HAS REQUIRED A PARENT TO WORK ONE SHIFT PER SEASON IN THE SNACK STAND OR OTHER VOLUNTEER ACTIVITY DURING GAMES OR CHEER EVENTS. THIS YEAR PARENTS WILL HAVE THE OPTION OF PAYING A ONE TIME FEE OF **\$25.00** AT REGISTRATION TO OPT OUT OF THIS OBLIGATION. FEE WILL INCREASE TO **\$50.00** AS OF THE 1<sup>ST</sup> PRESEASON BOWL GAME.

*(If you do not choose to OPT OUT you will be assigned a duty and a time to fulfill your parental obligation)*

Please Print Clearly (Form will be used for Football Jersey, 3 Year Jacket, Banquet Program and Trophies)

Last Name First Name M/I

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Street Address City State Zip Code

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Date of Birth\* Parent or Guardians Name (first and last name)

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Phone Number E-Mail Address

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Football Equipment (The following will be handed out at a later date; you will be contacted before practice starts):

Helmet  Shoulder  Rib  Pants  Socks  
 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: \_\_\_\_\_ Concussion Mgmt Test Date \_\_\_\_\_

Medical Insurance Policy Provider: \_\_\_\_\_ Test Confirmation Rec'd \_\_\_\_\_

We (I) the parent(s) of the above named player hereby give our (my) child approval 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 \_\_\_\_\_. (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	