



# Football Registration Form



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

Football Players	Age	Price
<input type="checkbox"/> 90 lb Team	Age 6-7	165.00
<input type="checkbox"/> 110 lb Team	Age 8-9	165.00
<input type="checkbox"/> 135 lb Team	Age 10-11	165.00
<input type="checkbox"/> 160 lb Team	Age 12-13	165.00

***For Board Use Only***	
Date	
Registration #	
Registration	<b>\$165.00</b>
**Parent obligation Opt Out Fee \$35.00	<b>35.00</b>
Total	<b>\$200.00</b>

Please Check the appropriate box above (see age info below)

\*90lb -Ages 6 & 7- Based on Participant's age on 7/31 of current year (Instructional league)

\*110lb - Ages 8 & 9 - Based on Participant's age on 7/31 of current year

\*135lb - Ages 10 & 11 - Based on Participant's age on 7/31 of current year

\*160lb- Ages 12 & 13 - Based on Participant's age on 7/31 of current year

\*\*PARENT OBLIGATION OPT OUT FEE- THIS FEE WILL BE RETURNED TO THE PARENT ONCE THEY HAVE COMPLETED ONE (1) SHIFT IN THE SNACK STAND OR OTHER VOLUNTEER ACTIVITY DURING HOME GAMES.\*\*

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

Last Name	First Name	M/I

Street Address	City	State	Zip Code

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

Phone Number	E-Mail Address

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) approval for Football or Cheerleader 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	