Town of Blountsville Recreation League

Sports Registration Form Sport (Check one box only) Cheerleading Football Player's Name Middle Initial Last Name First Name Address State City Player's D.O.B. ____/___/ Age: Male \square Female Phone: School Attending Grade Parent/Guardian Information Father/Guardian Name Home Phone____ Last Name First Name Work or Cell Phone E-mail: Mother/Guardian Name Home Phone Last Name First Name Work or Cell Phone E-mail: Volunteer Information: Parents, if you are interested in volunteering your time and energy to assist in the following areas please check appropriate box(es). Head Coach Assistant Coach Team Mother Score Keeper Medical / Emergency Contacts Medical Insurance Carrier Does the player have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition? If yes, please state problems here: Emergency Contact: Name Phone Address City Relationship to player:_____ ☐ IDO want to participate in fundraising to offset, my football/cheerleading registration fees.

☐ <u>I DO NOT</u> want to participate in fundraising to offset, my football/cheerleading registration fees.