

Father/Mother/Guardian ___

DV DUCKS YOUTH FOOTBALL & CHEER REGISTRATION FORM

Registration Fee \$	Cash/Money C Reco	E USE ONLY Order#eipt # nitials	Age Football:
PLAYER INFORMATION Please Print Name			Phone
NameAddress			
Birth Date			Weight
School			
PARENT INFORMATION Please Print			
Mother's Name			Home #
Email Address			Cell #
Father's Name			Home #
Email Address			Cell #
EMERGENCY CONTACT INFORMATION Name		Phone #	
Family Doctor		Phone #	
Do you have any medical prob f yes, please explain			
Date of last physical exam If you have not had a physical w			eted.
	Please read and sign the a	uthorization and rel	ease below.
participation in any and all lest permission to managing person hospital, or clinic should the plical is available to grant authorizat transportation to and from active The DV Ducks Youth Footbal conduct or inappropriate conduct Your signature confirms your a	ague activities sponsored by the special or other league representation ager become ill or injured while tion for medical treatment. I arities, for any claim arising out and Cheer Program board of act of any kind by a league of agreement with the Zero Tolera the information on this form an	he DV Ducks Youth Fives to authorize and obe participating in league assume all risks and has of an injury to the player f directors has adopted fficial, coach, player, pance Policy.	a Zero Tolerance Policy. Unsportsmanlik articipant or spectator will not be tolerated rules, procedure, and obligations of the D