

JR BISON FOOTBALL INTEREST FORM

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Player's Name:		Birthdate:	
Grade (in Fall):		School:	
Home Address:		City:	
State:		Zip Code:	
E-Mail Address:		Home Phone:	
Parent/Legal Guardian's Name (s):			
Parent/Legal Guardian's Signature & Date:			
Child's estimated weight(official weigh-in to be in the fall):			

WILL YOU BE ABLE TO ASSIST?

If you can provide us with a few hours of your time, we can use your help. Please fill in your name and circle any areas of interest.

Please call me, I will be able to help _____	Head Coach	Video Taping
	Assistant Coach	Football Banquet
	Chain Gang	Equipment Handout

PLEASE NOTE THE FOLLOWING:

A link for on-line registration will be sent to the e-mail address indicated on this form to allow for payment. Before your child will be allowed to participate in any practice or game, we must have the following in our files:

The medical history form signed by a physician.

The completed Liability Waiver form.

EQUIPMENT SIZES (MEASURED AT EQUIPMENT HANDOUT)

To be measured by the JR BISON Staff	
Helmet _____	Shoulder Pads _____