

# HAMILTON PAL FOOTBALL

## 2009 PLAYER REGISTRATION FORM

Is this child returning \_\_\_\_\_ or new \_\_\_\_\_ to Hamilton PAL football?

\_\_\_\_\_  
(First name)

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(Middle initial)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

School Attending: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_

Secondary phone number and email address: \_\_\_\_\_

Emergency Contact Name/Relationship/Phone number: \_\_\_\_\_

Jersey Number choices: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Does this child participate in any other fall sports? Yes No

If yes, what sport and league? \_\_\_\_\_

Is a parent or guardian interested in Coaching? Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does this child have any existing medical conditions (ex. Asthma, allergies, etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
I, THE UNDERSIGNED, DESIRE TO PARTICIPATE IN THE "HAMILTON PAL FOOTBALL PROGRAM". I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE PROGRAM AS SET BY THE LEAGUE. I FURTHER AGREE TO PROTECT ALL PROGRAM EQUIPMENT AND PROPERTY AND RETURN SUCH ITEMS AT THE CONCLUSION OF THE YEAR. IF SUCH ITEMS ARE NOT RETURNED I WILL BE RESPONSIBLE FOR ITS COST. I UNDERSTAND THAT THE SPONSOR'S, COACHES AND PROGRAM OFFICERS SHALL NOT BE RESPONSIBLE FOR ANY INJURY THAT MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN THE ACTIVITIES OF THE PROGRAM.

(Signature of parent or guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

-----\*\*\*Do not write below this line\*\*\*-----

FEE Amount Form of Payment: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

Please make checks payable to: Hamilton PAL