

NORTH VERNON KIWANIS JUNIOR FOOTBALL LEAGUE REGISTRATION 2011 SEASON

PLAYER'S NAME _____ CIRCLE GRADE THIS FALL: 3 4 5 6

ADDRESS _____ PHONE # _____

CITY/TOWN _____ ZIP CODE _____

PARENTS' NAMES _____

FATHER'S PLACE OF WORK _____ WORK PHONE # _____

MOTHER'S PLACE OF WORK _____ WORK PHONE # _____

E-MAIL ADDRESS (*please print!*) _____

FAMILY DOCTOR _____ HEIGHT _____ WEIGHT _____ DATE OF BIRTH _____

MARK ONE: New to the Kiwanis program

Played last year. Team _____ Offensive Position _____ Defensive Position _____

PRACTICE JERSEY: _____ Already Have

_____ Need (circle adult size: S/M L/XL XXL)

*Practice jersey is included in the fee for first time players.
Returning players add \$18 for new practice jersey.*

FEES: Registration: \$50.00* Additional Practice Jersey: \$18.00 TOTAL DUE: _____

** Instead of raising the registration fee, the Kiwanis Club has chosen to discontinue issuing free season tickets for players' parents.*

PARENTAL/GUARDIAN CONSENT

I give my consent for my son to play in the North Vernon Kiwanis Little Blue tackle football program. I understand that tackle football is a contact sport and that there is a risk of injury. I understand that neither the Kiwanis Club of North Vernon nor Kiwanis International will be providing medical insurance coverage for injuries; such coverage must be provided by the parents/guardians.

I also give my consent for a coach or Kiwanis official to seek emergency medical help if necessary and if I cannot be reached. I give consent for qualified medical personnel to give emergency treatment in the event that I cannot be contacted. I understand that I will be responsible for any cost incurred for emergency transportation on Rescue 20 or any other emergency transportation service.

I accept responsibility for the return of all equipment issued to my son, including helmet, shoulder pads, game jersey, pants, and pants pads.

SIGNED _____ RELATIONSHIP _____ DATE _____

TO REGISTER BY MAIL: Send this form to: Coach Bill Ludwig, 540 Persimmon Drive, North Vernon, IN 47265

FOR KIWANIS USE ONLY

AMOUNT PAID: _____ CASH: _____ CHECK #: _____ TAKEN BY: _____

TEAM ASSIGNED TO: _____ EQUIPMENT ISSUED ON _____ (DATE).