

**NORTH VERNON KIWANIS JUNIOR FOOTBALL LEAGUE REGISTRATION 2009 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 \_\_\_\_\_

PRACTICE JERSEY: \_\_\_\_\_ 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.*  
\_\_\_\_\_ Already Have

FEES: Registration: \$50.00 Additional Practice Jersey: \$18.00 TOTAL DUE: \_\_\_\_\_  
-----

**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).