

NORTHWEST BANTAM FOOTBALL

2010 REGISTRATION FORM

DATE: _____

PLAYER INFORMATION			LEAGUE USE ONLY	
LAST NAME	FIRST NAME		<input type="checkbox"/>	JUNIOR DIVISION (AGES 10-12) TACKLE \$ 85.00
			<input type="checkbox"/>	CADET DIVISION (AGES 7-9) TACKLE \$ 85.00
TELEPHONE NUMBER	DATE OF BIRTH		<input type="checkbox"/>	FLAG DIVISION (AGES 5-6) FLAG \$ 60.00
			<input type="checkbox"/>	EQUIPMENT RENTAL \$ 30.00
STREET ADDRESS			<input type="checkbox"/>	PANTS/PADS COMBO \$ 25.00
			<input type="checkbox"/>	FUNDRAISER BUY OUT \$ 35.00
CITY	STATE	ZIP CODE	CHECK BOX ONLY IF PAID AND ATTACH RECEIPT TO THIS FORM	
			<input type="checkbox"/> BIRTH CERTIFICATE CONFIRMATION - (CONFIRMING OFFICIAL MUST SIGN BELOW)	
GRADE IN SCHOOL AS OF 2010-2011 SCHOOL YEAR _____ GRADE _____			SIGNATURE _____	
SCHOOL YOUR CHILD WILL BE ATTENDING IN 2010-2011 _____				
PARENT/GUARDIAN INFORMATION			LEAGUE USE ONLY	
LAST NAME	FIRST NAME		PLAYER AGE: _____ PLAYER WEIGHT: _____ TEAM: _____ HELMET #: _____ SHOULDER PAD #: _____	
TELEPHONE NUMBER	ALTERNATE PHONE NUMBER			
E-MAIL ADDRESS (IF ANY)				
IF YOU ARE INTERESTED IN VOLUNTEER OPPORTUNITIES, PLEASE INDICATE BELOW:			MEDICAL CONDITIONS (i.e. allergies, asthma, etc.)	
TEAM PARENT:				
ASSISTANT COACH:				
TEAM SPONSOR:				
PLEASE LIST ALL SIBLINGS PARTICIPATING IN OUR PROGRAM THIS SEASON BELOW:				

As parent(s)/guardian of _____, I (we) consent to my (our) son and/or daughter's participation in the Northwest Bantam Football League.

By signing below, I (we) release and discharge the Northwest Bantam Football, Inc. and Indy Parks and any other affiliates from any claim or cause of action whatsoever arising out of any injury or illness my son and/or daughter might sustain as a result of participating in the football program or activities relating to said program, or as a result of being on the premises of Northwest Bantam Football, even though caused as a result of fact whereby such individuals or corporations would be responsible under principles of strict liability, or any other theory of liability or tort.

In the event my son and/or daughter becomes injured or ill during any such activities, I (we) authorize any head coach, assistant coach, NWBF Board of Director in charge or his or her representative, to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume any financial obligations incurred therewith.

PARENT/GUARGIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE