

# C.H.A.N.T Chargers 2011 Football Registration

For Office Use: \$175.00; 2011 Football Fee  
Due By 8/15/2011

Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Player's Age As Of September 1, 2011 \_\_\_\_\_ Yrs. Player's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. Player's Weight \_\_\_\_\_ lbs.

Parent's/Legal Guardian's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Best Number To Reach Adult Responsible \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Father – Mother – Guardian (Circle)

Second Best Contact Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Father – Mother – Guardian (Circle)

Email Address' - Use Personal Emails Only And Please Print Legibly

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Any Allergies Or Special Medical Conditions To Consider? \_\_\_\_\_

Please Use The Area Below To Explain Any Previous Football Playing Experience.

Insurance? \_\_\_ Yes \_\_\_ No Insurance Co. Name \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

Please Carefully Read The Following Paragraphs.

I, as a parent/legal guardian of the child-participant, give my permission for him/her to participate fully in this sport's activity. I give my permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I understand that I will be contacted if at all possible and that my family physician will be contacted if possible, but in the event that he/she cannot be reached the CHANT Coach or a Current Board Member may choose a reputable physician.

For the safety of all parties concerned, prior to playing in any sport with the CHANT organization a CHANT Release of Liability Form and a completed Sport's Physical need to be on file with the CHANT Organization. If CHANT does not have proof of these documents I will be asked to provide them before allowing my child to practice or play.

My signatures below indicate that I have read and agree to the above stated paragraphs.

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

The CHANT organization and the Board Members appreciate your cooperation.