



HEARD COUNTY RECREATION FOOTBALL REGISTRATION



Participant's Name: _____ Female _____ Male _____

School: _____

Date of Birth: ____/____/____ Age: ____ **AGE CONTROL DATE: August 1st**

Address: _____ City _____ Zip _____

Contact Phone # _____ Email: _____

Please list medical conditions we need to be aware of: _____

Mother's Name: _____ Home # _____ Cell # _____

Father's Name: _____ Home # _____ Cell # _____

Emergency Contact (Other than parent)

Name: _____ Relationship: _____ Phone: _____

Are you interested in coaching? YES ___ NO ___ Head coach ___ Asst. Coach ___

(This does not guarantee that you will be selected as a coach. You will need to fill out a coaches application consenting to have a background check.)

If you would like the participant to be placed up one age group, complete this "AGE OVERRIDE" section:

Age Group: _____

Parent / Guardian Signature

Date

**JERSEY # REQUEST ____/____ (List two numbers- - Request cannot be guaranteed)
THIS IS YOUR RESPONSIBILITY- - IF YOU FAIL TO DO THIS, PLEASE DO NOT REQUEST
A NUMBER AFTER UNIFORMS HAVE BEEN ORDERED!**

****Special Request: As of Jan. 1, 2011, we will not be honoring special requests for transportation needs or to be with friends. WE WILL NOT honor requests for particular coaches. The ONLY requests that will be honored will be coach's children, family members and siblings. Please do not ask for special request to be made.**

Date Paid: _____ Amount Due: **\$45.00** Amount Paid: _____ Cash _____ Check # _____

Receipt # _____ Credit Card/Debit Card _____ On-Line _____

Received From: _____ Received by: _____