PLEASE PRINT***PLEASE PRINT*****PLEASE PRINT**

KID'S DAY PLAYERS
REGISTRATION FORM

NAME: _____ GRADE ENTERING_____

AGE:_____ DATE OF BIRTH:_____ SCHOOL:_____

ADDRESS:_____
STREET CITY ZIP

HOME PHONE #:_____

MOM'S NAME & CELL PHONE #:_____

DAD'S NAME & CELL PHONE #:_____

If you have a brother or sister PLAYING, please give name, age and date of birth:

_____

PLEASE NOTE

I, as the Parent or Guardian, do hereby state that all the information above is true and correct. It is further understood that all participants must compete in the grade level they are going into. Any falsification or misrepresentations will results in the disqualification of the participant. All final decisions rest with the Springdale Kiwanis Club.

I am hereby agreeing to allow my child to participate in Kid's Day Football. I hereby release the Springdale Kiwanis Club, Springdale School System, Springdale Athletic Department, and the Springdale Youth Center, of all and any responsibility from accident, injury, and/or sickness.

Signature of PARENT or GUARDIAN:_____

DATE:_____