

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

Kids Day Football – Player Registration Form

NAME: _____ **GRADE ENTERING** _____

AGE: _____ **DATE OF BIRTH** _____ **SCHOOL:** _____

Please circle which High School and Jr. High District you live in (if known):

Har-Ber/Springdale High

Central/Southwest/George

ADDRESS: _____
STREET CITY ZIP

HOME PHONE _____ **Mom's Name & Cell#** _____

Dad's Name & Cell # _____ **Emergency #** _____

If you have a brother or sister PLAYING, please give name, age and grade:

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 result 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 or sickness.

Signature of Parent/Guardian _____ Date _____