

South Elgin Youth Football and Cheer

Registration Form

Date: _____

Player Name: _____ Phone: _____ Birth Date: _____
 Address: _____ City: _____ State/Prov. _____
 Gender Male Female Age _____ Weight _____ Postal Code _____

Email Address: _____

Guardian Name: _____ Phone: _____ Relationship: _____
 Guardian Name: _____ Phone: _____ Relationship: _____
 Emergency Contact: _____ Phone: _____ Relationship: _____
 School Name: _____ Grade: _____

Played Last Year? _____ Where? _____ What Level? _____ Years of experience? _____

League Use Only		Min	Max		
Division		Age	Age	Football Jersey Size	Cheer Shoe Size
<input type="checkbox"/>	70	7	8	<input type="checkbox"/> XXS	
<input type="checkbox"/>	80	7	9	<input type="checkbox"/> XS	
<input type="checkbox"/>	90	9	10	<input type="checkbox"/> S	
<input type="checkbox"/>	100	10	11	<input type="checkbox"/> M	
<input type="checkbox"/>	115	12	13	<input type="checkbox"/> L	
<input type="checkbox"/>	130	13	14	<input type="checkbox"/> XL	
<input type="checkbox"/>	Varsity	13	15	<input type="checkbox"/> 2XL	
				<input type="checkbox"/> 3XL	
<input type="checkbox"/>	Cheer	7	15	<input type="checkbox"/> 4XL	
				<input type="checkbox"/> 5XL	
				<input type="checkbox"/> 6XL	

Poms Needed*
 Yes
 No
**Poms additional \$25*

Jersey Number
 Preference _____
 second choice _____
Numbers are not guaranteed

Medical Information

Preferred Doctor Name: _____ Phone: _____
 Preferred Dentist Name: _____ Phone: _____
 Preferred Hospital: _____
 Insurance Carrier: _____ Policy Number: _____

Medical History: Allergies, Medications, Special Conditions, etc

Medical Authorization

PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr.(2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Participant Name: _____
 Print Name

Parent/Guardian/Custodian: _____ Date: _____
 Signature

League Use Only

Driver's License # _____	Player Fee: _____ Date Paid: ____/____/____
Birth Certificate turned in <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Fees: _____ <input type="checkbox"/> Credit Card type _____
Completed By: _____	Fan Shop: _____ <input type="checkbox"/> Cash
	Total Paid: _____ <input type="checkbox"/> Check check # _____