

2017 CREEKS FOOTBALL LEAGUE REGISTRATION

Player Information

Last Name : _____ First Name : _____ Middle Initial : _____

Date of Birth : _____ Current Age : _____ Weight : _____

Address: _____ State: _____ Zip Code : _____

Football Jersey# request 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Circle One:

Gender Male
 Female

Football or Cheer

Program Tiny Mite Mitey Mite Jr Pee Wee Pee Wee Jr Varsity

Did your child play last season? _____ If yes, what coach? _____

Emergency Contact : _____ Emergency Phone Number : _____

Doctors Name: _____ Doctors Phone Number : _____

Family Members

Primary Guardian

Last Name : _____ First Name : _____ Relationship _____

Address : _____ State/Zip : _____

Cellphone Number _____ Home Number _____ Email Address: _____

Employment Name _____ Occupation _____

Secondary Guardian

Last Name : _____ First Name : _____ Relationship _____

Address : _____ State/Zip : _____

Cellphone Number _____ Home Number _____ Email Address: _____

Employment Name _____ Occupation _____

Notes: _____

Official Use ONLY:

Participation FEES

Amount Paid \$ _____ Payment _____ Cash _____ Check # _____

Weight at Registration: _____ Program _____ Coach: _____