



Illinois Giants Football Registration Form

(Please Print Information) Child's Weight: _____ Height: _____ T-Shirt Size: _____ (adult/youth)

Circle one: Skirt Size _____ Jersey # _____ or _____

Name: _____ Date of Birth: _____ Entering Grade: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

**IN CASE OF EMERGENCY-PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HOSPITAL AUTHORIZATION: Should it be necessary, the coaches and/or officials have the authority to sign the necessary papers for medical treatment for my child. In case of injury, I prefer my child to be treated by:

Doctor: _____ Phone: _____ Preferred Hospital: _____

Parent/Guardian Signature: _____

INSURANCE INFORMATION:

Insured Parent: _____ Address: _____

Insurance Company: _____ Policy#: _____

Employer's Name/Address: _____

Cost's: ^{7 ON 7 Football} \$1000.00

Cheerleading TBD

Flag TBD

*Illinois Giants Football has not and does not carry medical insurance for participants. I understand that should it be necessary, any and all medical expenses for my child are my responsibility.

PLEASE READ CAREFULLY BEFORE SIGNING

We consent to our child's participation in the Illinois Giants - Football program. In consideration for permitting our child to participate in the activities conducted by Illinois Giants - Football, we release, waive, discharge, covenant and relinquish any and all action or cause of action against the organization, promoters, officials, staff coaches and/or volunteers for personal injury, death and or property damage occurring to our child as a result of engaging or receiving instruction in the activities conducted by this organization. We further release all officials, officers, promoters, staff, coaches and/or volunteers from any claim whatsoever on account of first aid, treatment or services rendered to their child during participation in this organization. We agree to return all equipment, cleaned and in good condition to Illinois Giants Football by the date notified.

► NO CHILD CAN PRACTICE/PLAY FOOTBALL WITHOUT AN UPDATED PHYSICAL ON FILE WITH THE LEAGUE ◀

Print Name: _____ Signature: _____ Date: _____

Please mail registration form to: Illinois Giants - 4747 Lincolnmall Drive, suite 102, Matteson, Ill. 60443

LEAGUE WEBSITE: illinoisgiants.com

EMAIL: illinoisgiants75@gmail.com

Football _____ Cheer ~~N/A~~ _____ Flag _____ Payment _____ (check/cash)

Past participant: _____ Team _____ Coach _____

☐ Same team

☐ Enter into the Draft

Illinois Giants Fund Raising

In cooperation with _____ efforts. I will choose to either sell at least one box of candy or 25.00 in lieu of participation.

I will: Sell candy, please reserve me _____ Box(es)

_____ (initial).

For Internal Use Only

☐ Paid ☐ Not Paid

Fee Collected: \$ _____

☐ Check ☐ Cash

Check #: _____

IG- ep Initials _____

Combine: # _____