



REGISTRATION FORM

Participant Information

Athlete's Name		
Address		
City	State	Zip Code
Phone	Date of Birth	Current Grade
Jersey Size <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
Returning Player <input type="checkbox"/> No <input type="checkbox"/> Yes		Previous Team

Parent/Guardian Information

Parent's Name(s)		
Address		
City	State	Zip Code
Phone	Email	
Please Check if Interested <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach		

Medical Information

Medical Conditions	
Allergies	
Physician	Phone

Emergency Contact Information

Name	
Phone	Relationship

By signing this form, I give my permission for my child to participate in the Spring Valley Flag Football League. In the event my child sustains an injury or needs prompt medical attention and I cannot be reached, I give my permission for the Spring Valley Flag Football League to notify the emergency contact listed above and to contact Emergency Medical Services as needed. Further, I agree to release all representatives of the Spring Valley Flag Football League from any liability due to injury and agree to hold all coaches, players, referees, and administrative personnel harmless of any potential legal action.

By signing this form, I understand that my child will not be included in the team draft and will not be allowed to participate in any games if the required registration fees are not paid upon submission of this form.

Parent/Guardian Signature	Date
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Cost: \$55
Includes Jersey
Cash or Check Payable To
Spring Valley Flag Football
League

Mailed Registration Forms
Must Be Received By
September 1, 2018

Mail To:
Spring Valley Flag Football
League
17 Westminster Dr.
Spring Valley, IL 61362