

YOUNG WARRIORS FOOTBALL REGISTRATION FORM

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Child's Name _____	Birthdate _____
School _____	Grade (Fall) _____
Home Address _____	Cell Phone _____
City, State, Zip _____	E-mail _____
Parent/Legal Guardian's Name _____	Home Phone # _____

Child's estimated weight (official weigh-in will be done in the fall) _____

Signature of Parent/Legal Guardian _____	Date _____
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WILL YOU BE ABLE TO ASSIST?

If you can provide us with a few hours of your time, we can use your help. Please fill in your name and circle any areas of interest.

Please call me, I will be able to help _____	Head Coach	Video Taping
	Assistant Coach	Football Banquet
	Chain Gang	Equipment Handout

PLEASE NOTE THE FOLLOWING:

Before your child will be allowed to participate in any practice or game, we must have the following in our files:

- The medical history form signed by a physician.
- The completed Liability Waiver form.

These can be mailed to

Young Warriors Football Association
 P.O. Box 7011
 Deerfield, IL 60015

EQUIPMENT SIZES (MEASURED AT EQUIPMENT HANDOUT)

To be measured by the Young Warriors Staff	
Helmet _____	Shoulder Pads _____