

Pocono Bobcats Youth Football Association

P.O. Box 534

Pocono Pines, PA 18350

poconobobcats@gmail.com

Registration

Participants Name: _____ D.O.B.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email : _____

Mother/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email : _____

Family insurance

Company name & policy number: _____

Emergency contact if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

DOES THIS PARTICIPANT HAVE ANY ALLERGIES/ALLERGIC REACTIONS TO ANY FOODS, MEDICATIONS, OR BEE STINGS: **Y / N**

BOBCATS USE ONLY:

Team Assigned: _____ Birth Certificate Received: _____

Medical Release: __ Photo Release: __ Equipment Loaner Form: __

Parent Code of Conduct: __

Paid by: Credit: __ Cash: __ Check: __ Check#: _____ Receipt #: _____

Signature of BOBCATS Representative: _____