

VALLEY VIEW JUNIOR SPARTAN FOOTBALL & CHEER

Player Information

Name _____

Birthdate ____/____/____ Male____ Female____

Address _____

City _____ Zip Code _____

Parent/Guardian Information

Parent/Guardian Name(s) _____

Primary Contact Name _____

Primary Contact Phone Number(s) _____

Primary Contact Email Address _____

Address if Different from Player _____

Please select

____ Football (3rd-6th)

____ Cheer (3rd-6th)

____ Bantam (2nd Grade Only)

____ Flag (K-2nd)

____ Cheer (K-2nd)

Incoming Grade (Next Year)

3rd____ 4th____ 5th____ 6th____

3rd____ 4th____ 5th____ 6th____

2nd____

K____ 1st____ 2nd____

K____ 1st____ 2nd____

GAME Jersey Size _____

Jersey Number _____

PRACTICE Jersey Size _____

Pads _____ Helmet _____

VOLUNTEER (please circle):

COACH ASSISTANT COACH TEAM PARENT

There will be a coaches meeting scheduled for all coaches prior to the start of the season. Coaches are required to have a concussion certificate, complete a volunteer form, and complete sudden cardiac arrest training.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the parents of _____ give permission for emergency medical treatment of our child for illness or accident if I cannot be contacted.

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____ Doctor _____

Hospital _____

Important Medical Information

Allergies _____ Physical Impairments _____

Current Prescribed Medication _____

We hereby agree the Valley View Junior Spartan Football (VVJSF), its members, coaches, and officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of VVJSF. And, we agree to indemnify and hold harmless VVJSF, its member, coaches, officers or designates of any kind from any claim whatsoever.

Parent/Guardian Signature _____

Date _____

Payment Method

Cash \$ _____

Venmo \$ _____

Check # _____

Venmo Name _____

If Paying for Multiple Players, Please List Additional Names _____