

OCT 15, 16th, for Clinics 4-6pm & OCT 18th HOME GAME 7pm

Jr. Jags will perform at halftime

Send your registration to our email bchsspiritline@gmail.com

Please submit payment through our website Paypal https://bchsjagsspiritline.com/junior-jags

Registration Form

Student Name		DOB	DOB · · ·	
		. · ·	٠.	
School Currently Attending		· · · · · · · · · · · · · · · · · · ·	٠.	
Grade		<u>·. </u>	•	•
·: : :::				
Parent/ GuardianName.		Phone	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
HomeAddress	·		·····	<u> </u>
City	State	. Zip	·	<u> </u>
• • • • • • • • • • • • • • • • • • • •		• .		·.
Emergency Contact other than F	Parent	. •		
Numbers			•••	
			· .	 -
Is your child taking any				
medications or have any illnesse	es/ iniuries?	Yes no	•	
If YES, please explain		· · · .		· .
ze, predes explain	• • • • • • • • • • • • • • • • • • • •	•	· · · ·	
Health Insurance Carrier and	·	٠.		٠.
Policy Number:	· ·	··.	•	٠٠.
Tolloy Harrison.	· · · · · ·		·.	
Shirt Size (Circle One) Youth S	mall YM YL	YXL Adult	Small AM	AL . ·
Shirt Size (Circle Otle) Touting	ilicali IIVI I.L	TAL , Addit	Siriali, Alvi	AL .
As the undersigned, I agree (init	ial this how if agree	a)	٠.	
to hold the Deer Valley Unified S			artment the Ri	∩HS Sniritling
Program and all other staff and		•		•
connections with the programs p				
organic defect that would make				
participant. I hereby authorize E				
judgment in an emergency requ				
individuals' organizations mention	oned above from a	ny liability for injurie	s incurred whil	e participating
in said program.			•	
		· · '	٠.	
Signature of Parent/Guardian		• • •	• • •	·

Payment and Registration-NO LATER THAN OCTOBER 7TH, 2019

Please scan or send electronically to the bchsspiritline@gmail.com. You will make your payment online to the Booster Club website via PayPal @www.bchsjagsspiritline.com. All monies will benefit the BCHS Spiritline Team. No late registrations will be granted the Spirit Package of t-shirt and bow.