



FOOTBALL & CHEERLEADING

Football

Cheerleading

Registration

Mighty Mite(4,5,6) PeeWee (7,8,) Midget(9,10) Junior Varsity(11,12,) Varsity(13,14,)(15 Cheer)

Name as on Birth Certificate	Organization Dover Patriots	Age
Street Address	Home Phone	Date of Birth
City, Zip	Cell Phone	Email Address
Sex M F (Circle One)	School – Attending during Season	Grade

Mother's Information:

First Name: _____
Cell Phone: _____
Email Address: _____

Last Name: _____
Work Phone: _____

Father's Information:

First Name: _____
Cell Phone: _____
Email Address: _____

Last Name: _____
Work Phone: _____

Emergency Contact:

Name: _____ Phone: _____
Address: _____

Primary Insurance Coverage

Is the student athlete covered by family medical/hospital insurance? YES NO
If so, indicate Carrier: _____ Group #: _____ Member #: _____
Phone Number of Carrier: _____
Name plan is under: _____
Name of Family Physician: _____ Phone: _____
Name of family Dentist / Orthodontist: _____ Phone: _____

For Organization Use Only

Have you ever participated with a Tri-County Youth Football and Cheer Conference Organization other than the Dover Patriots? Yes No If so, what's the Organizations Name: _____

If you answered yes to the above question, do you owe any money or have any equipment or uniforms belonging to the aforementioned organization? Yes No

Release Date: _____ Person Granting Release _____