

Warren County Midget Football League 2025 Football Season
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Player Name: _____
Date of Birth: ____/____/____ Age: _____
Grade during 2025 football season: _____
Home Address: _____
City/State/Zip: _____
Parents' Name: _____
Contact Number: _____
Email: _____

Please check the team the player listed above played on last season (2024)

<input type="checkbox"/> Lambertville/New Hope Ramblers	<input type="checkbox"/> Steele Hill Bulldogs
<input type="checkbox"/> Lopatcong Panthers	<input type="checkbox"/> Voorhees Jr. Vikings
<input type="checkbox"/> North Warren Patriots	<input type="checkbox"/> Washington / Mansfield Outlaws
<input type="checkbox"/> Pohatcong Warriors	<input type="checkbox"/> Washington Twp. Panthers
<input type="checkbox"/> DelVal Riegel Ridge Rams	

☐ **NONE OF THE ABOVE**

I have the authority and grant permission for my child, the above listed player, to participate on the _____ Football team for the 2025 Season. I understand that a signed document dated within the 2025 calendar year indicating my child is medically cleared to participate in football is required.

Parent/Guardian Name

Parent/Guardian Signature