



2017 Exeter Youth Football and Cheer Registration Form

(please print)

Player Name:			
Address:			
Email:		School:	
Gender (circle one): M F	Date of Birth:	Age as of 6/30/2017:	Grade:

Parent/Guardian 1 Name:	
Email:	
Address Same as player <input type="checkbox"/>	
Primary Phone:	Secondary Phone:

Parent/Guardian 2 Name:	
Email:	
Address Same as player <input type="checkbox"/>	
Primary Phone:	Secondary Phone:

Emergency Contact:
Emergency Phone:
Allergies or Special Needs:
Special Requests:
Interested in Competition Cheer <input type="checkbox"/>

✓	Registering for	Cost	Subtotal
	Football (circle one)		
	Midgets Mites Mighty Mites	\$110	
	Cheerleading	\$85	
	Flag Football	\$50	
	Lucky Lotto Fundraiser	\$65	
	(Families registering 3 or more children, only need to purchase 2 books)		
	Discount (\$5 per child for 2+)		
	Late Fee (after 7/29/17)	\$20	
	Total		

I, the parent or guardian of the above named player, hereby give my permission for the above named player to participate in the football/cheer program for the Exeter Youth Football Organization. I hereby voluntarily waive any claim against the organization, its officers, leaders, and coaches for any and all causes which may arise in connection with the activities of the above named organization. I also give my child permission to participate in any games, practices, competitions, and exhibitions scheduled by the leaders or coaches of the Exeter Youth Football Organization, including transportation to and from such games, practices, competitions, and exhibitions. I also understand that my child's picture may appear on the team website. Proof of insurance for the above named player is required at registration and the child must be covered for the entire season. If there is no insurance or proof thereof, then the parent/guardian is responsible for all costs incurred should the child be injured during any practice or game. I hereby certify that the above information is correct and I give my consent for the coaches and trainers to use their own judgment in securing medical aid and ambulance services in case the parent/guardian cannot be contacted. I understand that no registration refunds will be made after the first practice.

Payment Method	Cash <input type="checkbox"/> Check# <input type="text"/>
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Signed _____ Date _____