

Attention...Attention



If you have a 3rd - 6th grade boy or girl interested in developing football skills please return this form by Friday, August 30th.

Student Name _____

Date of Birth _____

Parent's Names _____

Parent's Phone Numbers _____

Parent's Email Addresses _____

If you are interested in Coaching Please Fill Out the Bottom Information

NAME: _____ **PHONE NUMBER:** _____

-----DETACH-----

First practice will meet on Monday, September 2nd at 6:00 in the McLouth Multipurpose Room (old cafeteria) for equipment checkout. The McLouth Recreation Commission has generously donated all necessary equipment, except a mouth guard (mandatory) and football cleats (optional).

Please complete the back side of this form as well.

Permission to Treat

I give permission for _____ to be treated in case of an emergency at a clinic/hospital, by a doctor or other licensed medical personnel if I, the parent/guardian, am not in attendance or cannot be reached by phone.

Parent/Guardian Signature _____

Date: _____

Name of Insurance Company: _____

Name of Insured: _____ Policy #: _____

Emergency Contact Numbers

In case of an emergency, contact us at these numbers below:

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

3. Name _____ Phone Number _____