SOUTHEAST RAIDERS FOOTBALL REGISTRATION FORM

Player Information: CHEER FLAG FRESHMAN JV VARSITY

(please circle one)

Please Print

Participant's Full Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY ZIP CODE

Grade Level / School: _____ **Date of Birth:** _____
GRADE SCHOOL MO/DAY/YR

Parent's Names: _____
FATHER MOTHER

Telephone: _____
HOME DAYTIME C-PHONE

Parent's Email _____

	YES	NO
IS THE PARTICIPANT CURRENTLY UNDER A DOCTOR'S CARE?	_____	_____
IS THE PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS?	_____	_____
IS THE PARTICIPANT ALLERGIC TO ANY MEDICATIONS?	_____	_____
DOES THE PARTICIPANT HAVE ANY HEALTH RELATED CONCERNS AND/OR ANY PRE-EXISTING MEDICAL CONDITIONS?	_____	_____
DOES THE PARTICIPANT CURRENTLY HAVE AN ASTHMATIC CONDITION?	_____	_____

PLEASE EXPLAIN ANY YES RESPONSES AND INDICATE ANY PHYSICAL OR MEDICAL CONSIDERATION RELATIVE TO YOUR CHILD'S PATICIPATION IN FULL CONTACT FOOTBALL.

_____

_____

_____

_____

I, _____, certify that the above named Participant, _____,
PARENT or GUARDIAN'S NAME PARTICIPANT'S NAME
is physically and mentally capable of participating in the SOUTHEAST RAIDERS FOOTBALL LEAGUE, (a full contact, tackle league), and all practices and functions associated with the same. I also confirm that the above named Participant is currently covered under the provisions of the indicated health care plan documented on the PLAYER REGISTRATION FORM and will have adequate health insurance coverage in effect for the duration of the Southeast Raiders season.

PARTICIPANT'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____

COACHES SHALL RETAIN THIS FORM IN THEIR RECORDS FOR FUTURE REFERENCE