

# North Perry Pee Wees

REGISTRATION FOR:

**Football**

**Teams: A-string   B-string   C-string   D-string   Flag**

## PLAYER INFORMATION

Players

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last                      First                      Initial

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZipCode \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different than childs) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

In case of emergency does the Pee Wee coach have your permission to perform first aid, call an ambulance, and/or send your child to the hospital if required?   YES \_\_\_\_\_   NO \_\_\_\_\_

Last years Team/Coach \_\_\_\_\_ Coach Preference? \_\_\_\_\_

## **SPORTS FEES**

Sport	Single	2 or more	PLUS	FLAG	JERSEY
FOOTBALL	Player Fee \$85.00	Players Fee \$125.00	Uniform Deposit \$20.00/player	(includes T-Shirt) \$60.00	\$20 (opt.)

**PARENT PERMISSION:** I hereby grant permission for my child to participate in the above sports season. I agree that the North Perry Pee Wee Association shall in no way be liable for any accident or injury in any way received by my child while engaged in any athletic activity sponsored by the North Perry Pee Wee Association. My child is covered by adequate protection under the following medical insurance plan: \_\_\_\_\_

Further I understand that North Perry Pee Wee Association is a **non-profit, volunteer** organization and I have agreed to **1.)** attend the Monthly meetings (Second Wednesday of each month at 7:00pm at the Family Pancake House on Wheaton Way, and **2.)** I have agreed to volunteer and provide support to the organization in the following areas:

Coach/Assistant Coach \_\_\_\_\_ Fundraising \_\_\_\_\_ Baseball Field Work \_\_\_\_\_ Registration Assistance \_\_\_\_\_  
 Field/Gym Set-up \_\_\_\_\_ Team Parent (Scheduling/Calling) \_\_\_\_\_ Executive Board Position \_\_\_\_\_ (open each April)  
 Concession Stand \_\_\_\_\_ Volunteer opt -out \$20.00 \_\_\_\_\_

Refunds: Will be processed **AFTER** registration is closed. No refunds after 1<sup>st</sup> game of the season is played.

Date: \_\_\_\_\_ Parent Signature \_\_\_\_\_

## **ELIGIBILITY INFORMATION (Registrar Only)**

FEES Paid:      REGISTRATION: \_\_\_\_\_ (\$85)      UNIFORM DEPOSIT \_\_\_\_\_ (\$20)      JERSEY \_\_\_\_\_ (\$20)

CA/CK # \_\_\_\_\_      PROOF OF BIRTH \_\_\_\_\_      PEE WEE AGE \_\_\_\_\_

WEIGHT: \_\_\_\_\_      JERSEY NAME \_\_\_\_\_