

KING PHILIP POP WARNER FOOTBALL INFORMATION SHEET

Enter your child's name EXACTLY as it appears ON YOUR CHILD'S BIRTH CERTIFICATE

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____

Provide Player's Contact Information

Phone: _____

Address: _____

Town: _____

Provide Parents' Contact Information

Name:	Home Phone:	Mobile/Work Phone:
_____	_____	_____

_____	_____	_____
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Email Address(es): _____

Provide Emergency Contact Information

Name:	Phone:
_____	_____

Doctor's Name: _____

Acknowledgments

I would like to fulfill my volunteer commitment by (circle AT LEAST one): **Fundraising Committee** **Concession Stand**
Gameday Parking Control **Field Maintenance Committee** **Golf Tournament Assistance**

As parent/guardian of the child named above, I grant permission for my child to participate in contact football as a member of King Philip Pop Warner for the 2007 season. I agree to abide by all regulations of King Philip Pop Warner and its parent organizations. I accept responsibility for all equipment issued to my child by KPYF, and agree to pay full replacement value for any equipment lost or damaged through my or my child's negligence.

I authorize emergency medical treatment for my child, or have provided specific instructions (attached to this document) for my child's care in an emergency.

Signed: _____ Date: _____

KPPW USE ONLY

Registration Weight: _____

Received By: _____

Initial Level: _____

Payment Type: _____

Amount: _____