



# RIPTIDES



## Youth Football & Cheer - Registration & Medical Form

\* 2011 Season

Flag (5-6 yrs)    Freshman (7-8 yrs)    Sophomore (9-10 yrs)    Junior (10-11 yrs)    Senior (11-12 yrs)    Cheerleader (5-12 yrs)

Child's Name:	
Age:	
Date of Birth:	

<b>Parent/Guardian 1 Name:</b>	
Employer:	
Email 1:	
Email 2:	
Home Phone:	
Work Phone:	
Cell Phone:	

Address:	
City:	
State & Zip Code:	

<b>Parent/Guardian 2 Name:</b>	
Employer:	
Email 1:	
Email 2:	
Home Phone:	
Work Phone:	
Cell Phone:	

Shirt Size: (circle one)	YSm YMed YLg ASm AMed ALg
Weight:	
Grade in Fall of 2011:	
School in Fall of 2011:	

<b>Emergency Contact Info:</b>	
Email:	
Home Phone:	
Work Phone:	
Cell Phone:	

Medical Conditions:	
Medications Taken:	
Allergies:	
Sports Restrictions:	
<b>Family Doctor:</b>	
Phone Number:	

<b>Health Insurance Co:</b>	
Policy Number:	
Insurance Phone:	

Policy Holder's Name:	
Policy Holder's ID:	
Policy Holder's Employer:	

The information given above is correct to the best of my knowledge. In the event of an emergency and I cannot be contacted, I hereby give permission for my child to be treated by licensed medical authorities to administer medical treatment to my above named child.

*Parent/Guardian Signature*

*Date*

I certify that I have witnessed the above signature.

*Riptides Representative Signature*

*Date*

*\* Attach Photo Here\**

*\* a new Information Form must be submitted yearly and any time the information has changed*