

# YOUNG WARRIORS FOOTBALL REGISTRATION FORM

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Child's Name	_____	Birthdate	_____
School	_____	Grade (Fall)	_____
Home Address	_____	City	_____
State, Zip	_____	E-mail	_____
Parent/Legal Guardian's Name	_____	Home Phone #	_____

Child's estimated weight (official weigh-in will be done in the fall)	_____
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Signature of Parent/Legal Guardian	_____	Date	_____
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## WILL YOU BE ABLE TO ASSIST?

If you can provide us with a few hours of your time, we can use your help. Please fill in your name and circle any areas of interest.

Please call me, I will be able to help _____	Head Coach	Video Taping
	Assistant Coach	Football Banquet
	Chain Gang	Equipment Handout

## PLEASE NOTE THE FOLLOWING:

Before your child will be allowed to participate in any practice or game, we must have the following in our files:

- The medical history form signed by a physician.
- The completed Liability Waiver form.

These can be mailed to

Young Warriors Football Association  
P.O. Box 7011  
Deerfield, IL 60015

## EQUIPMENT SIZES (MEASURED AT EQUIPMENT HANDOUT)

To be measured by the Young Warriors Staff	
Helmet _____	Shoulder Pads _____