



## Bethel Park Junior Football 2011 Registration Form

**FAMILY INFORMATION**

Player:					
Address:		City:		Zip:	
Parent/Guardian:		Phone:		Cell:	
Parent/Guardian:		Phone:		Cell:	
Primary Email:		Secondary Email:			

**PLAYER INFORMATION**

School Attending in 2011:		Grade:		# of years completed in BPJF (NOT including 2011):		Shirt Size	Please Circle One Size: Youth M-L or Adult S-M-L-XL
Date of Birth:	/ /	Age as of 8/1/11:		Current Weight:		Lbs.	
_____ Termite: 6-7 years old up to 90 lbs.				Big Mac:			
_____ Tiny Mite: 8-9 years old up to 110 lbs.				_____ 12 years old G19 up to 150 lbs. OR SSYFL up to 160 lbs.			
_____ Mighty Mite: 10-11 years old up to 130lbs.				_____ 13 years old G19 up to 115 lbs. OR SSYFL up to 160 lbs.			

**PAYMENT INFORMATION**

	Check #	Amount	Notes
Registration (\$100)			
Duty & Equipment (\$150 per family)			

**All checks are made payable to Bethel Park Junior Football or BPJF.**

BPJF can assist families who experience a financial hardship. Please contact a BPJF Board Member for more information.

**MEDICAL HISTORY (Check all that apply)**

_____ Concussion/Knocked Out	_____ Back Pain/Injury or Hernia/Rupture	_____ Fractured Bones/Dental
_____ Neck Pain/Injury	_____ Joint Dislocations	_____ Dental Appliances/Problems
Other: _____		

**Does your child have a history or take medication for any of the following:**

_____ Asthma/Wheezing/Short of Breath	_____ Seizures or Blood Disorders	_____ Allergy Skin Rash
_____ Wear Glasses/Contacts	_____ Heart Problems	_____ Hearing Condition
Other: _____		

**By signing the Parental consent below, I (we):**

1. Assume all risks and hazards incidental to the conduct of the activities and transportation to and from all activities or practice.
2. Agree to release, absolve, indemnify and hold harmless the Bethel Park Junior Football, its officers, directors, coaches, and supervisors in case of injury to our child during these activities and when being transported to or from these activities.
3. Agree to insure that any equipment loaned to our child is returned in the same condition at the end of the season.
4. In our absence, to rendering of medical treatment, if necessary, for illness or injury to the named above, including any surgical treatment if the same be determined necessary by a medical doctor or dentist rendering treatment.

Parent/Guardian Signature: _____	Date: _____
Insurance Company: _____	Policy Number: _____