



**Charlestown Little Pirate Football
Association (CLPFA)
2009 Registration Form**

Office use:
Draft: yes / no
Division: _____
Team: _____
Sibling: yes / no

TO BE COMPLETED BY PARENT OR GUARDIAN: (up to 2 kids per form)

Name:		Age:	DOB:	Grade Entering:
Height:		Weight:	School:	
What will your Child be participating in: (circle one)				
Flag (1 st /2 nd)	Junior Tackle (3 rd /4 th)	Senior Tackle (5 th /6 th)	Cheerleading (K/6 th)	
<i>Tackle requires Birth Certificate at sign ups</i> What number do you prefer: _____ (No guarantee you will receive the number you select, but we will try to accommodate)			1. Will your cheerleader be attending away games? Yes / No 2. Does your cheerleader have tumbling experience? Yes / No	

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Height:		Weight:	School:	
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Address: _____ Email: _____

City: _____ Zip: _____ Home Phone: _____

Parent or Guardian:

Last Name: _____ First Name: _____

Mothers Cell Number : (____) _____ Fathers Cell Number : (____) _____

Emergency Contact: (other than parents or guardian)

1) Name: _____ Phone: _____

League representative to complete this section:

Reg. Fee : _____ J/C Uniform Fee : _____ Payment amount : _____ Check # : _____ Accepted by : _____

Tackle \$80.00 – Cheerleading \$70.00 – Flag \$55.00

Release:

Being the parent or guardian of the participant(s), I hereby give my full consent for my son/daughter to participate in practices and play in games organized by CLPFA. I furthermore hereby release CLPFA, its agents or representatives, board members or officers, from any liabilities for pre-existing or newly occurring physical conditions that my child may have or had.

As parent or guardian over the participant(s), I consent to his/her participation in any CLPFA activity with full knowledge and understanding that the Charlestown Little Pirate Football Association, its agents or representatives, board members or officers, are completely and fully released from any liability for personal injuries, illnesses or conditions arising out of the physical training and participation in any CLPFA event.

I also hereby waive any claim against the Charlestown Little Pirate Football Association and its agents or representatives, board members or officers, for any and all causes which may arise in connection with the activities of the organization.

Signature of parent or guardian: _____ Date: _____

Name of Primary Health Insurance: _____

Policy #: _____

	Childs Name	Childs Date of Birth
1.		
2.		