



Lake Geneva Badgers Youth Football Association

2008 PLAYER REGISTRATION FORM

PERSONAL INFORMATION

Players Name:

Parents/Guardian:

Mailing/Home address:

City/State/Zip Code:

Home phone number:

Alternate phone number:

Email address

Player date of birth

Player age as of 09/01/08 (Minimum age is 7)

In case of emergency call:

FOOTBALL INFORMATION

Have you ever played organized tackle football before? YES () NO () If yes, how many years?

Dear Parents,

In order to facilitate prompt care for our athletics, The Lake Geneva Badgers are encouraging parents to sign below:

I give my permission to the attending physician at home/away contests to administer Medical assistance to my son/daughter.

Athletes name:

Parents/guardians signature:

Insurance Company & number:

(required info)

All players will be required to take part in fundraisers indicated at registration.

Parents:

I would be willing to be the coach of a team. YES () NO ()

I would be willing to be an assistant coach. YES () NO ()

I would be willing to assist at home games YES () NO ()

If yes, circle: chains, keeping clock, cleaning the stands, setting up/taking down the field, concession.