

Kingswood Lancers Youth Football and Spirit Conference

P.O. Box 82, Wolfeboro, NH 03894

603-340-1707 / 603-738-3578

www.kingswoodlancers.com

Registration for Tackle Football/Cheerleading

Registration 2009

Child's Name _____ Football ____ Spirit

Parent/Family Email Address: _____

(list more than one email if applicable)

Street Address _____ City _____, NH Zip _____

Mailing Address _____ City _____, NH Zip _____

Home Phone _____

Mother's Name _____ Work# _____ Cell# _____

Father's Name _____ Work# _____ Cell# _____

**PLEASE GIVE US ANY AND ALL CONTACT INFORMATION. THIS IS HOW WE
CONTACT YOU IN CASE OF DELAYS/CANCELLATIONS/EMERGENCIES**

Birth date _____ Age as of July 31 (2006) _____

Weight _____ School (next year) _____ Grade (next year) _____

EMERGENCY CONTACT If parent or legal guardian cannot be reached, please call:

Name _____ Phone #s _____ / _____ Relationship _____

MEDICAL

Family Physician _____ Phone # _____

Please list medical conditions (ie: asthma, allergies, etc.) _____

If family plan, please list other children in organization: _____

VOLUNTEERING

Each family will be required to volunteer as part of the children's registration and your membership in our program. We will expect 4 hours of volunteer time for each child that you have in the program.

REGISTRATION FEES

Football Player \$145.00

Cheerleader \$ 75.00

Sibling discount: \$ 50.00 each after paying full price for the first child.

Family maximum \$300.00

- ** **Registration fee will not be refunded after May 1st** Initials: _____
- ** **I understand that my child's registration is not complete without all necessary paperwork being turned in and registration fee paid in full (or arrangements made)** Initials: _____
- ** **I have received a copy of the Parent/Player Handbook. I agree to read the Handbook and return the signature page before Equipment Night in July** Initials: _____

PARENTAL CONSENT

I, the parent or legal guardian of _____, a candidate for a position on the Kingswood Lancers, do hereby grant permission for his/her participation in any and all team activities, including out of state travel.

MEDICAL RELEASE

Because your child is involved in an active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices or at games, both home and away. Your child is insured with New Hampshire Youth Football and Spirit Conference insurance. In order that no unnecessary delays occur that may jeopardize the health/life of your child, the Lancers request your permission to seek emergency treatment. I hereby grant permission to the Lancers organization to administer first aid, secure proper treatment and/or hospitalize my son/daughter/ward in case of emergency, provided they are unable to communicate with me, and according to their judgment.

MEDICAL RELEASE: READ, UNDERSTOOD, ACCEPTED AND AGREED TO:

 Print Parent/Guardian Name Signature Parent/Guardian Date

 Signature Lancers Official

Lancer Use Only: Amount Due _____ Paid _____ Balance Due _____ Date _____

Arrangement Agreement Signed: _____

Payments Received _____ _____ _____
 _____ _____ _____
 _____ _____ _____