


# SOUTH PARK JUNIOR EAGLES '10 REGISTRATION FORM

[www.SouthParkJuniorEagles.com](http://www.SouthParkJuniorEagles.com)  
 P.O. Box 54, South Park PA. 15129  
[SEaglesFootball@aol.com](mailto:SEaglesFootball@aol.com)



**Registration Time**  
**Tuesday, March 23, 6 - 8 pm (Returning Players and Cheerleaders ONLY)**  
**Saturday, March 27, 1 - 5 pm (Open Registration for New and Returning Players)**  
**at the South Park Community Center**

Child's name: \_\_\_\_\_ Grade Fall of '09 \_\_\_\_\_  
*(Separate form per each child in program)*

Did child play Football or Cheer last year: \_\_\_\_\_ If so, what team: \_\_\_\_\_  
 Last year's Jersey Number: \_\_\_\_\_  
 Parents name(s): \_\_\_\_\_  
**E-mail address(es):** \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Parents Work #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Child's age (as of Aug. 1st): \_\_\_\_\_ DOB: \_\_\_\_\_ Football: (weight) \_\_\_\_\_  
 Jersey Size (boys): \_\_\_\_\_ Pant Size (boys): \_\_\_\_\_  
 Vest size (girls): \_\_\_\_\_ Skirt size (girls): \_\_\_\_\_  
 (FOOTBALL) Age Division: 7 & under  8 & under  9 yrs  10 yrs  11 yrs  12/13   
 (CHEERLEADING): Kdg-1st Gd  2nd Gd  3rd Gd  4th Gd  5th Gd  6th, 7th, 8th   
 Emergency Contact: \_\_\_\_\_  
 Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Are you willing to volunteer to: Coach  Asst. Coach  Other   
 Are you interested in being a 'team representative: \_\_\_\_\_  
**Copy of Birth certificate (Boys only):** \_\_\_\_\_ (this is needed to show proof of age for league roster)

**Registration fee is \$85 for the 1st child, \$65 for the 2nd, and \$30 for every child thereafter  
 i.e., (1) one child \$85; (2) two \$150; (3) \$180 add an additional \$30 for each child in household**

**Late Registrations are not guaranteed and will be charged a late fee.  
 No Refunds after May 1st 2010**

To Keep Registration Fees to a minimum Each Player and Cheerleader will be given (2) fundraisers: One (1) upon registration and one (1) before the start of the season. Fundraisers are a must and if not completed, child will not be accepted to participate in the program. Uniforms will not be distributed if fundraisers are not complete. Registration will be forfeited. No Banquet Gifts will be given.

**How many children in Program: Football** \_\_\_\_\_ **Cheerleading** \_\_\_\_\_  
**Name of Siblings in Program:** \_\_\_\_\_  
 \$ \_\_\_\_\_ Amount paid Check #: \_\_\_\_\_ Cash amount: \_\_\_\_\_

***"Please make all checks payable to "South Park Youth Football"***

I hereby certify that the information contained above is true and correct to the best of my knowledge. I further certify that I have knowledge of my child's physical condition and give my consent for my child (identified above) to participate in the South Park Youth Football program.

I do further certify that my child has no known physical defect, disease, or disability that will in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this program. I agree to indemnify the South Park Youth Football program, South Park Recreation Department, South Park Township, and the South Park School District from all liability for any injuries that may occur to my child while participating in league activities.

**Parent/Guardian Signature:** \_\_\_\_\_

## Mar '10