

ESYA Football & Cheerleading Registration

Participants Name: _____ D.O.B.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Grade entering in Fall: _____ School Attending in Fall: _____

Father/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ (*ESYA's means of communication*)

Mother/Guardian Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ (*ESYA's means of communication*)

Family's accident insurance (*ESYA provides secondary coverage only*)

Company name & policy number: _____

Emergency contact if parent/guardian cannot be reached:

Persons Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

DOES THIS PARTICIPANT HAVE ANY ALLERGIES/ALLERGIC REACTIONS TO ANY FOODS, MEDICATIONS, OR BEE STINGS:

Shirt size: YS YM YL AS AM AL

ESYA USE ONLY:

Team Assigned: _____ **Birth Certificate Received:** _____

NON-REFUNDABLE GENERAL FUNDRAISER FEE (\$100.00): _____

ESYA Release: _____ Media Release: _____ Volunteer Obligations: _____

Parent Code of Conduct: _____ Paid by: Cash: _____ Check: _____ Check#: _____

Receipt #: _____

Signature of ESYA Representative: _____