



## SIMLEY YOUTH FOOTBALL PLAYER REGISTRATION FORM

### PLAYER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: Male Female  
WEIGHT: \_\_\_\_\_ Lbs. GRADE IN SCHOOL FOR FALL  
3rd 4th 5th 6th  
SHIRT SIZE: Youth M Youth L Youth XL Adult S Adult M Adult L  
SCHOOL (NAME) ATTENDING FALL: \_\_\_\_\_

### HOW DID YOU HEAR OF THE SIMLEY YOUTH TACKLE FOOTBALL PROGRAM?

Wednesday Folder Website Park & Rec. Ad Other: \_\_\_\_\_

PARENTS: Yes, I would like to be a Head Coach  
ARE YOU INTERESTED IN COACHING? Yes, I would like to be an Assistant Coach

### PARENT/GUARDIAN INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS  
This will be the main form of communication: \_\_\_\_\_  
RELATIONSHIP TO PLAYER: Mother Father Other: \_\_\_\_\_  
ALTERNATE CONTACT (OPTIONAL): Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
2nd E-MAIL CONTACT: E-mail: \_\_\_\_\_

### EMERGENCY CONTACT / MEDICAL INFORMATION

This information is the responsibility of the Head Coach and will be documented after teams are chosen