GGFYF EQUIPMENT CHECKOUT SHEET

(PLEASE PRINT LEGIBLY)

PLAYER LAST NAME, FIRST NAME:
SCHOOL ATTENDING (FALL 2024):
GRADE (FALL 2024):
PARENT/GUARDIAN NAME:
PARENT/GUARDIAN EMAIL:
PARENT/GUARDIAN PHONE #:
 I UNDERSTAND FOR ATHLETES IN THE 5TH/6TH GRADE TACKLE DIVISION THERE IS A WEIGHT LIMIT TO CARRRY THE BALL OF 130 LBS. NO PLAYER OVER 130 LBS. WILL BE ALLOWED TO CARRY, CATCH OR THROW THE BALL. WEIGH-INS WILL ONLY BE TAKEN ONCE AT THE TIME OF EQUIPMENT ISSUE. NO WEIGH-INS ARE REQUIRED FOR THE 3RD/4TH GRADE ROOKIE TACKLE DIVISION OR FOR FLAG FOOTBALL. I UNDERSTAND THAT MY PLAYER WILL NOT RECEIVE EQUIPMENT UNTIL AT LEAST ONE PARENT/GUARDIAN ATTENDS A PLAYER/PARENT MEETING WITH THE ATHLETE PARTICIPATING IN THE GGFYF PROGRAM. I UNDERSTAND THAT I AM REQUIRED TO PROVID THE CORRECT SCHOOL AND GRADE FOR MY ATHLETE. PROVIDING THE INCORRECT SCHOOL OR GRADE INTENTIONALLY COULD RESULT IN MY ATHLETE BEING DISQUALIFIED FROM PARTICIPATING IN THE SEASON. I UNDERSTAND THAT I AM RESPONSIBLE FOR TURNING IN ALL ISSUED EQUIPMENT AFTER THE LAST GAME OF THE SEASON OR I WILL BE CHARGED \$450 TO MY CREDIT CARD ON FILE FOR REPLACEMENT OF EQUIPMENT COSTS. I MAY NOT AGREE WITH THESE STATEMENTS ABOVE BUT MY SIGNATURE BELOW MEANS THAT I UNDERSTAND THESE STATEMENTS AND WILL ABIDE BY THE STATEMENTS.
PARENT SIGNATURE: DATE:
GGFYF STAFF WILL FILL OUT THE INFORMATION BELOW
SH. PAD SIZE: 2XS XS SM MED LG XL 2XL HELMET STICKER

HELMET SIZE: XS SM MED LG XL

NO

PANTS ISSUED: YES

WEIGHT

COLOR AND NUMBER