



OG DUCKS FOOTBALL



PARTICIPANT APPLICATION

NO CANDIDATE WILL BE PREMIED IN ANY ACTIVITY UNTIL THIS FORM HAS BEEN COMPLETED IN FULL

Division: _____

Date: _____

PARTICIPANT'S INFORMATION		
Participant's Name:		
Date of Birth:	Age By 7/31:	Medical Insurance:
School Name:	Grade:	District:
PARENT / GUARDIAN INFOMRATION		
Mothers Name:		Father Name:
Address:		
City:	State:	Zip Code:
Cell:		Cell:
Email:		Email:
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Relationship:		Phone Number:
SIGNITURES		
I certify, that to the best of my knowledge, all the above information is accurate and correct and that any false information may be cause for disqualification of the applicant, I may be contacted by any of the means mentioned above.		
Signature:		Date

OFFICE USE	
Amount Paid: \$ _____	Balance Due: \$ _____
Payment Type:	
Cash <input type="radio"/>	Check <input type="radio"/> Check Number: _____ Credit Card <input type="radio"/>
Staff Signature:	Date: