



PLAYER REGISTRATION FORM



PARENT / GUARDIAN INFORMATION HERE

DATE:		HOW DID YOU HEAR ABOUT US:	
PARENT / GUARDIAN NAME (FIRST) (LAST)		2ND PARENT / GUARDIAN NAME (FIRST) (LAST)	
MAILING ADDRESS:		CITY	ZIP
PRIMARY PHONE# (HOME) (CELL)		SECONDARY PHONE# (HOME) (CELL)	
PRIMARY EMAIL ADDRESS		SECONDARY EMAIL ADDRESS	
EMERGENCY CONTACT FULL NAME & PHONE # (MUST LIST NAME & PHONE #)			

PARTICIPANT / GUARDIAN INFORMATION HERE

LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE		AKA NAME:	
CIRCLE ONE	DATE OF BIRTH	GENDER	SHIRT SIZE & PANT SIZE
FOOTBALL OR CHEER			
SCHOOL	PREVIOUS TEAM:	DOES YOUR CHILD USE A INHALER	

WHICH LEVEL: MIGHTY MIGHTS JR PEE WEES PEE WEES JR/MIDGETS MIDGETS

The success of our team will depend on our ability to work together as parents and volunteers. Everyone is expected to help and donate a min of ten hours per child that participates in the AJT Football and Cheer program. Please indicate how you would like to volunteer your time.

Football Coach Cheer Coach Weight Master Concessions Fundraising

PAR Monitor Team Parent or You Name It:

Football Fees: Cheer Fees: without uniform: with uniform:

For payment arrangements and or fundraising opportunities please ask for details

Deposit Amount	Amount Due	Receipt #	Check or Cash	Staff INT
----------------	------------	-----------	---------------	-----------

PLEASE SIGN HERE, LET US KNOW, YOU ARE AWARE OF OUR EXPECTATIONS