

**PORT ANGELES FUTURE RIDERS
YOUTH FOOTBALL REGISTRATION FORM**

GRADE CERTIFICATION: _____	FEE PAID \$ _____
MEDICAL ON FILE/YEAR _____	CHECK # _____
HELMET # _____ UNIFORM # _____	BALANCE DUE _____
OFFICE USE ONLY	

NOTE: This form must be completed and returned with a \$100 credit/debit, check or money order made out to **FUTURE RIDERS** and a copy of official verification of **SCHOOL GRADE** prior to participation.

PLAYER INFORMATION:

PLAYER NAME _____ PHONE _____ CELL _____
WEIGHT _____ DOB _____ AGE _____ GRADE IN FALL _____
PLAYED CONTACT FOOTBALL BEFORE? _____ WHEN? _____
TEAM? _____ POSITIONS (S) PLAYED? _____
PARENT/GUARDIAN NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
E-MAIL ADDRESS _____

PARENT PERMISSION: _____ has my permission to play youth football. We understand that we are responsible to return all equipment loaned by the team promptly, washed, and in good repair at the end of the season. We understand that the league requires that each player have a physical examination prior to participation.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PHYSICAL WAIVER: _____ has had a recent physical examination and is able to play youth football.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PERMISSION FOR MEDICAL TREATMENT: In the event that _____ requires medical attention while under the supervision of the youth football program, and if neither I nor _____ can be consulted at the time, I hereby authorize the appropriate medical personnel to provide such medical treatment as deemed necessary by said medical personnel.

As a parent of a player in a volunteer youth sport, we understand that we are obligated to volunteer our time. It is required to work the concessions stand, work the chains or run the clock at home games. Also help out at practice when asked, be a team mom, or other such things. Everyone's time is valuable and Future Riders will respect that.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Questions? Aaron West, President: aaronwest15@gmail.com or 360-775-9228
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