Cassopolis Rocket Football / Cheerleading Registration

Address:			
City:		Zip:	
Age: Grade (Fall 2018)):	T-Shirt Size:	
Football	Chee	rleading	
Medical Information			
Any Know Allergies:			
In Case of An Emergency			
Parent/Guardian name:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:		
Cell Phone:	Email:		
Other Parent/Guardian name:			
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Work Phone:	
Cell Phone:	Email:		
We the parent(s) or guardian(s) of the above names stude and hazards incidental to such participation. Including translarmless the Cassopolis Rocket Football Program, coaches sponsored activities. This is true with any claim arising out on time and in good of condition as when it was issued. If person cannot be reaches by telephone; I authorize the Caston Cannot be reaches by telephone; I authorize the Caston Cannot be reaches by telephone; I authorize the Caston Cannot Can	nsportation to and from games. We do hereby waive s, organizers, supervisors, participants, volunteers, a t of injury to our child, weather the result of negliger not returned, I will pay for the equipment. In the evo	e, release, absolve, indemnify and agree to hold nd persons transporting our child/children to and from nce or for any other cause. I agree to turn equipment in ent of a medical emergency and I or emergency contact	
Signature of Parent/Guardian		Date	
Please contact me to volunteer: (circle bel	ow) Make check	Make checks Payable to: Cassopolis Rocket Football	
Coach: Football or Cheer M	1ail to: Cassopolis Rocket Football, 266	573 Pokagon Hwy, Cassopolis, MI. 49031	
Concession or Fundraising	Check	Cash	