

PLANO YOUTH TACKLE FOOTBALL
P.O. BOX 214 PLANO, IL 60545

Visit us at www.reapernation.com and click on PYTF

PLAYER/CHEERLEADER INFORMATION / PERMISSION / WAIVER FORM

REGISTRATION DATE - MARCH 18th and 19th, 2011 at **EMILY G. JOHNS 430 Mitchell Dr.**

RETURNING PLAYERS **MUST** SIGN UP MARCH 18th from 6PM to 9PM TO INSURE ROSTER SPOT

MARCH 18TH IS FOR RETURNING PARTICIPANTS & SIBLINGS ONLY

NEW PARTICIPANTS MARCH 19th 9AM - 11AM

Child's Name: _____ Address: _____

City: _____ State: IL Zip Code: _____ Birth date: _____ Age as of 9/1/11: _____ Grade Fall 11 _____

PARENT/GUARDIAN INFORMATION:

Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____ State: IL Zip Code: _____

Parents/Guardian Home Phone: _____ Work/Cell Phone: _____

MEDICAL INFORMATION:

Emergency Contact (other than father or mother): _____ Phone Number: _____

Doctor Name: _____ Phone: _____ Hospital(s) of Choice: _____

Insurance Company Name/ID Number: _____

Allergies/Medical Conditions: _____

Prescriptions: _____

Fee:	# of Children	Reg. Fee	Fundraiser Per Family	Total with Fundraiser	Paid	Buyout	Total Buyout Per Family	Paid	Check # _____
	1	\$75/child	\$72	\$147		\$30	\$105		
	2	\$65/child	\$144	\$274		\$60	\$190		
	3	\$60/child	\$144	\$324		\$60	\$240		Cash _____
	4	\$55/child	\$144	\$364		\$60	\$280		
	5	\$50/child	\$144	\$394		\$60	\$310		Buyout _____

FOOTBALL: LEVEL _____ WEIGHT _____ JERSEY #1 _____ JERSEY #2 _____ Amount Paid _____

EQUIPMENT:	SHOULDER PADS	S	M	L	XL	AS	AM	AL	AXL
JERSEY		M	L	XL	AS	AM	AL	AXL	
HELMET		S	M	L	XL				
PANTS		S	M	L	XL	AS	AM	AL	AXL
GIRDLE		S	M	L	XL	AS	AM	AL	AXL

CHEERLEADING: LEVEL _____

SKIRT SIZE _____ BLOOMER SIZE _____

VEST SIZE _____

NEW PARTICIPANTS NEED: CURRENT PHOTO COPY OF BIRTH CERTIFICATE
 2 PROOFS OF RESIDENCY-Utility-Bill___ License___ Other___
 SCHOOL ATTENDING _____

RETURNING PARTICIPANTS NEED: CURRENT PHOTO