



Calumet City Chargers Football Player Application Form

Participant's Information:

PLAYER'S NAME: _____
DATE of BIRTH: _____ **CURRENT WEIGHT:** _____
NAME OF SCHOOL (in Fall): _____
GRADE (upcoming Fall): _____
AGE (upcoming Fall as of 9/1): _____

Parent/Guardian Contact Information:

FIRST NAME(s): _____ **LAST NAME:** _____
STREET ADDRESS: _____

TOWN: _____ **ZIP CODE:** _____
HOME PHONE NUMBER: (_____) _____
OFFICE PHONE: (_____) _____ **CELL PHONE: (_____)** _____
EMAIL: _____

Emergency Information:

NAME: _____
ADDRESS: _____
HOME PHONE: (_____) _____ **RELATIONSHIP:** _____
ALLERGIES/Conditions: _____ **ASTHMATIC? (yes/no):** _____

Permission and Emergency Medical Release:

I realize the inherent dangers in participating in a tackle football program and grant my child (player named above) permission to participate in this program. In the event of accident or injury, I will not hold a coach, team, sponsor or the league (and its representatives) liable or responsible. I also hereby give my permanent consent to local emergency room staff to treat my child in an emergency situation in the event that I cannot be reached personally.

Parent/Guardian Signature: _____ Date: _____

Photo Release:

I hereby grant the Tomorrows Youth Foundation ("the foundation") and the Calumet City Chargers permission to use my likeness, or my child's likeness, in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

Parent/Guardian Signature: _____ Date: _____

CCCYCP USE ONLY:

Drivers License/State I.D. #: _____ Registration Fee: _____ Birth Certificate