Queens Falcons Player's Record Sheet

				July
DIVISION	WEIG	THT	lbs.	
Player Personal In				
Player's First Name	Last Name			
Player's Home Telephone	Cell/Work/Oth	er		
	/19 Birth/Baptismal Co			September
	Previous Grade Pt. Avg] sition (Coaches Please initial each		es	October
<u>ITEM</u>	DATE RECEIVED	DATE RI	ETURNED	
Helmet Ear Pads Y/N Face Mask Y/N Chin Strap Y/N Shoulder Pads All Straps Y/N All Clips Y/N Practice Pants Belt Y/N Thigh Pads Knee Pads Girdle and Pads Game Pants Game Jersey Game Socks				

In consideration of registration with The Forest Hills Football League, Inc. D/B/A The Queens Falcons, I/WE, the parents or guardian of the above named registrant, do hereby claim the child to be medically fit by way of a physical examination and give my/our approval to their participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct of the activities, its transportation to and from the activities, and I/We do release, absolve, indemnify and hold harmless The Forest Hills Football League, Inc. and any and all of its associated members, the organizers, the sponsors, and the supervisors any and all of them. In case of injury to the child, I/We hereby waive all claims against the organizers, the sponsors and the supervisors appointed by them. I/We likewise release from responsibility any person transporting the child to and from the activities.

November					

Upon request by the league officials, a certified copy of the birth certificate of the above registrant must be furnished.

Registration Deposit	t \$	Date	(coach pls. Init)
1 st Installment	\$	Date	(coach pls. Init)
2 nd Installment	\$	Date	(coach pls. Init)
Last Installment	\$	Date	(coach pls. Init)
Total monies rec'd	\$	(coach pls. sign)	
Parent/Guardian Sig	nature	Da	te

December						