## **CHARGERS FOOTBALL CLUB**

PLAYER REGISTRATION FORM - 2020 ATOM (BIRTH YEARS 2010, 2011 AND 2012)

NAME		
	POSTAL CODE	
PHONE NUMBER	BIRTHDATE (MM-DD-YY)	
E-MAIL: PARENT	PLAYER	
AGE (Dec 31, 2020)	HEIGHT	WEIGHT
SCHOOL (Sep 2020)	GRADE (Sep 2020)	
FAMILY DOCTOR	PHONE NUMBER	
HAVE YOU EVER HAD A CONCUSSION?_	WHEN	
ALLERGIES		
LIST ANY MEDICATION YOU ARE NOW TA	AKING	
To be con	npleted by Parent/Gua	rdian
MOTHER'S NAME		
ADDRESS		
PHONE NUMBERS - HOME	W	/ORK
FATHER'S NAME		
ADDRESS		
PHONE NUMBERS - HOME	W	/ORK
I hereby certify that I am the parent or legal of and that I give my full consent for him to play the date of birth and player's home address will be held fully liable to replace all equipmed.  Fees for the Spring Camp are \$75. These are \$300. (After July 1 they are \$350) A organization.  If, in the event a player is released by the clube issued (balance is for administration coplayers who are released because of discontinuous discontinuous and the players who are released because of discontinuous dis	y football for the Charg in the above statement ent (approximate value (name of player). are non-refundable. F All parents agree to p ub, prior to the first regulation. No refunds will	ers Football Club (Atom team) and that are correct. I am also advised that I \$750) issued by the team to
Signature of Parent/Guardian		Date