

League use only

Juniata Valley Football League

www.jvfl.org

2005 Centralized Sign-Up Form



PLAYER INFORMATION:

E-MAIL : _____

NAME : _____ PHONE : _____

CELL : _____

ADDRESS : _____

CITY : _____ STATE: _____ ZIP : _____

GENDER : M / F _____ AGE (before Aug. 1) : _____ D.O.B. : _____

IS YOUR CHILD COVERED UNDER MEDICAL INSURANCE : Y / N _____

IF YES, PLEASE LIST THE NAME : _____

FAMILY PHYSICIAN : _____

ALLERGIES OR MEDICAL PROBLEMS : _____

THE ORGANIZATION (TEAM) PARTICIPATED FOR IN THE "2004" SEASON : _____

ADDITIONAL COMMENTS : _____

SCHOOL & SCHOOL DISTRICT : _____

FLAG FOOTBALL (AGES 5-6 BEFORE DECEMBER 31) : _____

PARENT / GUARDIAN SIGNATURE : _____ DATE : _____

To be completed by a league official

ORGANIZATION RESIDING BOUNDARY AREA : _____

ORGANIZATION (TEAM) FOR "2005" : _____

FOOT / CHEER : _____ PEE WEE / MIDGET : _____

BIRTH CERTIFICATE VERIFIED Y / N : _____ INITIALS OF OFCR : _____
