

CENTRAL CITY PHANTOMS FOOTBALL AND CHEER PLAYER APPLICATION

CHILD'S INFORMATION

Childs Name:		
Phone:	Date of Birth:	Age as of 08-01-11:
Address:		
City:	State:	ZIP Code:
Has child played before: Yes___ No___ If so what organization did he/she play for _____		

PARENT/GUARDIANS INFORMATION

Parent/Guardians Name:		
Address:		Phone:
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	E-mail:

2ND PARENT/GUARDIANS INFORMATION

Parent/Guardians Name:		
Address:		Phone:
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	

EMERGENCY CONTACT FOR CHILD

Name :		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

MEDICAL HISTORY

Does your child have any serious health conditions if so please list:		
Does your child have any allergies:		
Please list any medications your child takes:		
Primary Care Physician:	Physician Phone:	Insurance:

PLEASE LIST 3 EMERGENCY CONTACTS

NAME	ADDRESS	PHONE

Parent/Guardians Name: _____ Parent/Guardians Signature _____

Date:

***The Central City Phantom Executive Board and Coaches are not responsible for children left unattended after practice and all children must be supervised during games.**