

CENTRAL CITY PHANTOMS FOOTBALL AND CHEER PLAYER APPLICATION

CHILD'S INFORMATION

Childs Name:

Phone:	Date of Birth:	Age as of 08-01-09:
--------	----------------	---------------------

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.**