

2017 Lincoln Pee Wee Football Registration Form
Sign-Up Deadline is July 21st, 2017

CONTACT INFO: athletics@lincolncsd.com or text or call 479-790-7107

Registration fee is \$50 per child, \$90 for 2 children and Families with 3 or more children playing in the Lincoln Peewee Football program will pay a maximum of \$100. Payment MUST accompany this form. **If there is a problem with payment you must contact Deon Birkes/Horacio Escareno prior to deadline.** We can accept Debit or credit cards upon request. Please make checks payable to: **Lincoln Peewee Football**. FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT! **Please mail to PO. Box 342 Lincoln, AR 72744 or Drop Off at High School Office.**

Kids must submit a copy of their birth certificate with this application.

Any forms received after July 21st and before August 1, 2017 are subject to space availability and a \$65 fee per application.

Family discount does not apply to late applications. Forms received after the due dates cannot be guaranteed a place on a team as space limitations or other factors may apply.

Player Legal Name _____ Name goes By _____
 First Middle Last

Male___ Female___ Grade Fall 2017 _____ Birth date ____ / ____ / ____ Age as of September 1, 2017 _____

Street Address -NO PO Boxes _____ City, State and Zip _____ Home/Cell Phone _____

Emergency contact _____ Relationship _____ Home/Cell Phone _____

Comments/Medical info needed to know by coach:

I/we, the parent(s) of the above named child who wished to play on a football/Cheer team/Squad, hereby give approval to participate in any and all Peewee Football/Cheer activities, including transportation to and from the activities. I/we, know that participation in Football/Cheer program may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local leagues, the organizers, supervisors, participants and persons transporting my/our child from any claim arising out of any cause. I /we agree to return upon request the uniform and other equipment issued to our child in as good condition as when we received said equipment, except for normal wear and tear. I/we agree to include a \$50 single/\$90for 2/\$100 family (3+ children) participation fee with this application at the time of sign-up.

Father/Guardian Name Home/Cell Phone

Mother/Guardian Name Home/Cell Phone

Signature Date

Signature Date

E-mail Address

E-mail Address

_____(initial) I also understand that it is our responsibility to assist the league in fundraising activities such as Concession Stand.

_____(initial) We will be carrying a secondary insurance policy on your child. It will help with deductibles but not all of the deductible may be covered.

Paid by -Check # _____ Cash _____ Credit Card _____ Birth Certificate Yes ___ No ___
REFUNDS ARE ONLY GIVEN ON A CASE BY CASE EVALUATION.

I am interested, if needed, in volunteering for:

_____ Head Coach _____ Assistant Coach _____ Team Manager/Parent/Volunteer worker

I understand that I will need to fill out the Coach's Application and will be subject to approval. Coaching applications can be obtained at the Lincoln High School office, or by emailing **athletics@lincolncsd.com**, or **texting/calling 479-790-7107** or online at www.lincolncsd.com under the parent's tab then click on athletics.