



CHALLENGER DIVISION
FOX VALLEY POP WARNER FOOTBALL, INC.
Player Registration Form

Player Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Date of Birth: _____ League Age _____ Gender _____

Parent Information:

| | Parent #1 | Parent #2 |
|---------------------|-----------|-----------|
| Name | | |
| Phone | | |
| E-mail | | |
| Occupation | | |
| Volunteer Positions | | |

Emergency contact:

Name Phone Relationship to Player

Insurance carrier

Name Policy Number

1. I/We, the parents/guardians of the above-named player hereby give my/our approval to participate in any and all Pop Warner activities, including transportation to and from activities.
2. I/We know that participation in football may result in injuries and do hereby waive, release, absolve, indemnify, and agree to hold harmless Fox Valley Pop Warner Football, Inc. the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause.
3. I/We agree to return upon request the uniform and any other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

Signature _____ Date _____
Parent/guardian