

SVYC PLAYER FOOTBALL/CHEERLEADER REGISTRATION FORM

CLUB: CANFIELD LITTLE CARDINALS

DIVISION: Squigg/PeeWee/Midget (Circle)

PLAYER: _____ NUMBER (Board to complete): _____

BIRTH DATE: _____ AGE: _____ GRADE (Fall 2018): _____

SCHOOL ATTENDING: _____

RESIDENT _____ OPEN ENROLLMENT _____ PEROCHIOL _____

RESIDENCE 1: MOM ____ DAD ____ BOTH ____ Other: _____

PRIMARY? YES or NO

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENCE 2: N/A ____ MOM ____ DAD ____ OTHER: _____

PRIMARY? YES or NO

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

***New 2018* All registrants must provide a copy of a utility bill, in the name of the registering parent with the address of the child's residence as proof of residency. Please turn this in with your paperwork.**

By my signature below, I am confirming that the player above is eligible by SVYC residency requirements to play for the Club above. I understand that any changes in residency need to be reported to the Club above immediately. I also understand that falsifying or failure to report changes may result in the suspension of the player above and/or forfeiture of games for the club above.

SIGNED: _____ DATE: _____

PRINTED: _____ RELATION: _____

I received and read the Ohio Dept. of Health Concussion Information Sheet. Initials: _____

BOARD ONLY

BIRTH CERTIFICATE: Y / N CONCUSSION FORM: Y / N OPEN ENROLLMENT: Y / N N/A