

South Callaway Youth Football Registration Form

****REGISTRATION FEE ... \$75.00****

Due: June 30, 2017

[After June 30, there is a \$25 late fee]

Student Name: _____ Grade (next year): 3rd 4th

Home Address: _____

Date of Birth: _____

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Mother Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  text msging?

Email Address: \_\_\_\_\_

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Father Name: _____

Home Phone #: _____ Cell #: _____ text msging?

Email Address: _____

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**Health Insurance Information: (must be filled out!)**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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Parent Help:

This program is as successful as it is because of parental involvement...we need parents to sign up for one committee to continue to make it a successful program.

Team Parent – Help coordinate team communications between league administrator, coaches and parents.

Game-day Operations Committee

Chain Gang

Gate Duty

End-of-year Celebration Committee

Fundraising Committee

Registrations should be mailed to league administrator:
Shelly Sconce, 1194 Choctaw Ridge, Holts Summit, MO 65043