

Christian Football League of Michigan
Registration and Parental Consent Form
Please Print Clearly

Team Name: _____

Child's Name: _____

Birth Date: _____ Fall 2010 Grade Level: _____

Address: _____

City, State and Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

Height: _____ Weight: _____ Years of Experience playing tackle football: _____

Positions played (please circle): QB HB FB WR TE OT OG C S CB LB DE DT K P

Would like to play (please circle): QB HB FB WR TE OT OG C S CB LB DE DT K P

Medical Conditions: (Please list any current or past medical conditions that may affect your child when he is playing football) _____

Emergency Contact (if parent is unavailable): _____

Phone Number: _____

My child has permission to participate in the activities of the Christian Football League of Michigan. I agree to take full responsibility for my child's well being and agree not to hold any individual involved with the Christian Football League, including but not limited to coaches, organizers, participants and persons transporting a player, liable for any harm that may come as a result of participation in this program.

Fathers Name: _____ Date: _____

Fathers Signature: _____

Mothers Name: _____ Date: _____

Mothers Signature: _____