

2012 Greenfield-Central Girls Little Cougar Registration Form

Please Print One player per form

Players Name _____

Address _____

City _____ ST. _____ Zip _____

Phone _____ Birthdate _____

Grade _____ (2012-13) Shirt Size YM ___ YL ___ AS ___ AM ___ AL ___

Eden J.B. Stephens Weston Harris GIS MIS St. Michael (Circle One)

Parents Names: Father _____ Phone _____

Mother _____ Phone _____

Emergency Contact & Phone _____

E-Mail

Address _____

I will not hold Greenfield-Central Community School Corporation or the Greenfield Central Little Cougar League liable for any injuries occurring at any game or practice. I hereby give my consent for my child to participate in the Greenfield-Central Little Cougar League. I also give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Indiana physician should their condition require it in my absence.

Parent or Guardian Signature _____

Family Doctor _____ Phone _____

Medical Insurance _____ Policy# _____

Please List Any Medical Information Which You Feel Should Be Known _____



_____ I am willing to be a volunteer coach Grade Level 1st 2nd 3rd 4th 5th 6th

Name & Phone _____

Coach Laker and His staff will conduct a mandatory Coach's meeting on August 27th at 6:30 p.m (GCHS Athletic Director's Office)