2012 Greenfield-Central Girls Little Cougar Registration Form

Please Print		One	e player pe	er form			
Players Name							
Address							
City		ST		Zip_			
Phone		Birtl	Birthdate				
Grade	_(2012-1,	3) Shirt Si	ze YM_	YL	_AS	_ AM	_ AL
Eden J.B. St	tephens	Weston	Harris	GIS MIS	St. Mich	ael (C	Circle One)
Parents Names:	Father_			_ Phone			
	Mother			Phone			
Emergency Con	tact & P	hone					
E-Mail Address							
I will not hold G Central Little C practice. I herek Central Little C surgical treatme physician should	ougar Le by give m ougar Le ent of this	eague liable y consent f eague. I also s minor in a	for any or my ch give my licensed	injuries occ aild to partic y consent fo I hospital b	curring at cipate in t r emerger y a license	any gar he Gree ncy med	ne or nfield- ical and
Parent or Guard	lian Sign	ature					
Family Doctor_			Phon	ıe			
Medical Insurar	ıce		Po	licy#			
Please List Any Known							
•••••							
I am willi	ng to be	a volunteer	coach (Grade Level	1 1 st 2 nd 3	ord 4 th 5	_{th} 6th
Name & Phone_							
Coach Laker an 27th at 6:30 p.n				•	oach's me	eting on	August