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Bealsville Eagles Registration Form

- Please Select Activity
- FOOTBALL
 - MASCOT
 - CHEERLEADING
 - OTHER

Attach Participant's
Photo Here

OFFICIAL USE ONLY
League Name

Division

Age As of July 31

Coach Initials

Region State District League Club Franchise

Player Last Name _____ Player First Name _____

Address _____ City _____

State _____ Zip Code _____ Area Code & Telephone Number _____ Month/Day/Year Birthdate _____ Male or Female _____

Father Name _____ Occupation _____ Bus. Phone _____

Mother Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

School _____ Grade _____

Registration fees are non-refundable after June 17, 2017
Any payment plans are non-refundable after June 17, 2017

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I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Bealsville Eagles, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Football/Cheerleading and in consideration for the BEALSVILLE EAGLES accepting the registrant for its football/cheerleading programs and activities, I hereby release, discharge and/or otherwise indemnify the BEALSVILLE EAGLES, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorized also authorize my child's photo or likeness be used at BEALSVILLE EAGLES's discretion.

Name _____

Signature _____ Date _____

Dated this _____ day of _____, 20____.

Before me personally appeared _____

This _____ day of _____, 20____.

Notary Public
My commission expires: _____

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CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian _____

X _____

Address _____

City _____ State _____ Zip _____

Phone _____ Bus. _____

Game	Rep. Initials	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Playoff/Cheeroff 1		
Playoff/Cheeroff 2		
Super Bowl		