

HIGHLAND QUARTERBACK CLUB

2009 Registration Form

I hereby give permission for _____ to participate in football/cheerleading for the Highland Quarterback Club during the 2009 athletic season.

Childs Name: _____ Date of Birth: _____.

Name of Parent/Guardian child residing with _____.

Address: _____ City: _____ Zip: _____.

Phone #: _____ Email: _____.

Age (as of Sept. 1st 2009): _____.

Approximate Weight: _____ Years Played: _____.

Emergency Contact: _____ Phone: _____.

Family Physician: _____ Phone: _____.

Insurance Provider: _____.

Grade in School (2009/2010yr): _____ School: _____.

Medical Conditions (Allergies or Chronic illness) (If any): _____.

My Child and I are aware that participating in football/cheerleading is a physically demanding sport. I assume all risks associated in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and accepted to me. I also accept responsibility for all equipment handed out by the Highland Quarterback Club and will return all equipment within a reasonable time at the end of the season.

Parent/Guardian Signature: _____.

If Applicable

Name of Parent/Guardian child not residing with: _____.

Address: _____.

Phone: _____ Email: _____.

Office Use

Has the participant ever been a member of HQC? YES NO

Method of Payment: Check #: _____ Cash: _____.

Birth Certificate: YES NO Current Picture: YES NO

Division: _____

Other siblings in HQC: 1) _____ 2) _____ 3) _____.