

NATOMAS JUNIOR
NIGHTHAWKS
YOUTH FOOTBALL + CHEER

2010 MEMBER INFORMATION

Athlete's Last Name: _____ First Name: _____ Middle Initial: _____

Male: _____ Female: _____ Height: _____ Weight: _____ Shirt Size: _____ Pant Size: _____

Date of Birth: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

PARENT / LEGAL GUARDIAN INFORMATION

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

Name: _____ Relationship: _____ Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

EMERGENCY CONTACT INFORMATION

If there is an emergency, and neither parent/guardian is available, who can be contacted?

Emergency Contact: _____ Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Cell Phone: _____

Medical Insurance Coverage: _____ Policy/Group No. _____

Doctor's Name: _____ Phone No. _____

Known Allergies/Medical Condition: _____

Signature _____ Print Name _____ Date Signed _____
(Parent/Guardian)

Signature _____ Print Name _____ Date Signed _____
(Participant)