

Streetsboro Jr. Rockets  
Football Registration

Participants Last Name \_\_\_\_\_ First \_\_\_\_\_  
School Grade in August \_\_\_\_\_ School attending in August \_\_\_\_\_  
Birth Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age Before May 1 \_\_\_\_

Child Lives With: Both \_\_\_ Mother \_\_\_ Father \_\_\_  
Mothers full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email Address \_\_\_\_\_

Fathers full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Email Address \_\_\_\_\_

Have you played football before? Yes \_\_\_ No \_\_\_  
Where? \_\_\_\_\_  
How many years have you participated with the Jr. Rockets only? (Do not include time played with other organizations) \_\_\_\_\_

Do parents carry Hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Company's name \_\_\_\_\_  
Policy Holder's name \_\_\_\_\_  
Policy # \_\_\_\_\_ Group# \_\_\_\_\_  
Other Pertinent Informational Names/Numbers \_\_\_\_\_  
\_\_\_\_\_

I received the player packet, which includes start of the season requirements, important dates, code of conduct, and player physical information. Parent or Guardian initial: \_\_\_\_\_

**Waiver Form:**

**Parental Consent for Participation:** I hereby give my permission for my child to participate in the Streetsboro Junior Rockets youth football program. I understand that he/she will be expected to abide by ALL of the rules of the program. I personally assume all risks, hazards and responsibilities incidental to my child's participation in the program. I understand that football is a sport that involves physical activity and, therefore I understand that there is a possibility of injury. I further agree to that I will not hold any officer, manager, coach or volunteer responsible for injuries or other accidents experienced by my child while participating in the football program (this includes incidents that occur while traveling to and from, or being transported to the activities).

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parents or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

**Volunteering Options (check which one you are interested in):**

Concessions stand \_\_\_\_\_ Team Mom \_\_\_\_\_ Coach \_\_\_\_\_