



**MIGHTY VIKINGS
INDEPENDENT TACKLE FOOTBALL
REGISTRATION FORM**

200_ FOOTBALL SEASON

Child's Name _____
Address _____
City _____ **Zip** _____
Phone No. _____ **Emergency No.** _____
Date of Birth ___/___/___ **Age** ___ **Wt** ___ **Grade** _____
School _____ **Teacher** _____

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS NEEDED

PARENT'S INFORMATION

Registration Fee: \$50.00 for 1st child///\$35.00 for 2nd child///\$20.00 for 3rd child
(Fees must be paid or arrangements made before your child is officially registered on the Vikings roster)

Payment Options: Post Dated Check
 Six (6) week payment plan

/////////////////////////////////ABSOLUTELY NO REFUNDS/////////////////////////////////

I understand the above information and give my son/daughter permission to participate in the Independent Youth Tackle Football Team League Program. The Football League is not responsible for any accidents or injuries sustained during games, practices and/or transporting to and from games and/or practices.

/////////////////////////////////please print/////////////////////////////////

Son/Daughter is insured by _____
Parent's Name _____
Date _____ Child's Insurance No _____
Parent's Signature _____