



*** Please Print Clearly ***

PLAYER REGISTRATION FORM

Head Coach/Team Request _____ Age Group _____ (Grade going into)
 (Every attempt will be made to accommodate coach/team request, however it is NOT guaranteed. To ensure adequate playing time, team size is limited. Unless noted otherwise all new players will enter the draft)

Player Name _____ Birth Date _____

Parent/Guardian (Print) _____ Phone No. _____ Cell Carrier _____

Emergency Phone No. _____ E-Mail _____
 (All club/team information will be sent via e-mail)

Address _____ Zip Code _____

School / School District _____ Illness that restricts athletic involvement _____

Please check any if interested:

Coach _____ Manager _____ Asst. Coach _____ Board Member _____ Team coordinator _____

Game day assistance _____ (Chain gang, stats, score board, etc.)

I, the undersigned parent or legal guardian of _____ do hereby consent and agree that the above named minor may participate in the South County Athletic Club Junior Football athletic activities. It is agreed that the named association or staff assumes no legal liabilities for injuries or other loss as a result of such participation. I understand the South County Athletic Club (SCAC) does not provide primary insurance. I do hereby assume full responsibility for and on behalf of the above named minor/player in the event the child is injured participating in any program sponsored by the South County Athletic Club. I agree to release SCAC Board Members, Coaches, and Coordinators, sponsors along with any and all volunteer persons involved with the South County Athletic Club from any and all liability. I acknowledge that I have read, understand and will comply with the preceding.

Parent/Guardian Signature _____ Date _____

Items required for registration:

**** Registration Late Fee of \$25.00 ****
 Fee Assessed after July 1

- _____ Copy of Birth Certificate / Verified by _____
- _____ Small (school) photo of player
- _____ Fees (Separate Checks - see below)

Fees: Make Checks Payable to: South County Athletic Club (SCAC)

_____ \$ 300 ⁰⁰ Football Registration	Check # _____	Cash _____
_____ \$ 100 ⁰⁰ Equipment Deposit	Check # _____	Cash _____
_____ \$ 50.00 Trivia Night Deposit	Check # _____	Cash _____

Deposit checks will be returned at equipment turn in.

Checked by (sign/print) _____ Date _____

To be completed by SCAC staff: _____ Sized by: _____ (print)

Helmet _____ Shoulder Pad _____ Jersey _____