



SOLON SATURNS YOUTH FOOTBALL
 34453 Bramble Ln. - SOLON, OHIO 44139
PLAYER REGISTRATION FORM

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **SOLON, OH 44139**

HOME PHONE: 440- _____ - _____ **BIRTH DATE** ____/____/____
mm/dd/yyyy

CELL PHONES: MOM _____

CELL PHONES: DAD _____ **CURRENT WEIGHT** _____ **LBS**
leave blank

GRADE LEVEL NEXT FALL ____ **T-SHIRT SIZE:** YM YL SM M LRG
(circle one)

**EMERGENCY CONTACT
 OTHER THAN PARENTS**
 NAME _____
 PHONE _____
 RELATION _____

Fathers Name _____
Occupation _____
Mothers Name _____
Occupation _____

E-MAIL ADDRESS _____ @ _____
print clearly

REGISTRATION MUST BE RECEIVED AT PARENTS MEETING

In consideration of permission granted to me for my participation in the Solon Saturns Youth Football program and other valuable consideration, I the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the Solon Saturns Youth Football, its officers, employees, officials and agents, jointly and severally, from any and all claims, demands, actions, judgments and executions, which may arise out of my participation in the Solon Saturns Youth Football programs. Further, in consideration of permission granted to me for my participation in the Solon Saturns Youth Football program, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demands, liabilities, loss, damage or expense of whatever kind and nature, including attorney's fees, which may at any time be incurred by reason of my participation in the Solon Saturns Youth Football program.

_____, ____/____/____ **Make checks payable to:**
 Signature of Parent or Guardian Date Solon Saturns Youth Football

YES I CAN HELP ____ COACH, ____ FUND RAISING, ____ AWARDS DINNER, ____ CONCESSION

**PLEASE ACCEPT MY DONATION TO THE SOLON SATURNS
 SCHOLARSHIP FUND IN THE AMOUNT OF \$** _____

BELOW FOR OFFICE USE ONLY

Received by _____ check \$250.00 _____ 2Birth Cert _____ Scholarship _____ Volunteer Form _____

