

# Austintown Little Falcon Registration Form

\*\*\*PLEASE PRINT\*\*\*

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent/Guardians Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Certificate Provided: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Emergency Telephone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Limitations: \_\_\_\_\_

*\*\*\*Please initial below to verify that you have received/completed the following items\*\*\**

\_\_\_\_\_ Registration Form (copy)

\_\_\_\_\_ ALF Policy

\_\_\_\_\_ Volunteer Sign-Up Sheet

\_\_\_\_\_ NEOYFL Zero-Tolerance Policy

\_\_\_\_\_ Fundraiser Items

\_\_\_\_\_ Fundraiser Policy

\_\_\_\_\_ Events Calendar

\_\_\_\_\_ Program Ad/Parent Ad Information

I, \_\_\_\_\_, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD RELEASE THE BACKERS, SPONSORS, COACHES OR ANYONE AFFILIATED WITH THE AUSTINTOWN LITTLE FALCONS ATHLETIC CLUB, INC. OF ANY AND ALL FINANCIAL RESPONSIBILITIES OR LIABILITIES DUE TO ANY INJURY RECEIVED WHILE PLAYING, PRACTICING, OR TRAVELING WITH THE AUSTINTOWN LITTLE FALCONS ATHLETIC CLUB, INC. DURING THE CURRENT SEASON. I AGREE TO RETURN ANY AND ALL EQUIPMENT ISSUED TO THE ABOVE NAMED CHILD.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESING ALF STAFF SIGNATURE: \_\_\_\_\_

**\*\*\* AUSTINTOWN LITTLE FALCONS STAFF USE ONLY \*\*\***

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Registration information entered into the computer: \_\_\_\_\_ Staffing entering: \_\_\_\_\_

Registration fee received: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Staff who received registration: \_\_\_\_\_ Treasurer's initials: \_\_\_\_\_