



PARTICIPANT CONTRACT

Registration fee: \$55 18 & Over, \$50 18 & Under, Men's Team \$385, Youth Team \$350; Make Check Payable to Big City Football (A \$50 fee will be added for all returned checks)

PLEASE PRINT ALL INFORMATION

Player's Legal Name:

Last: _____ First: _____ Middle: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Alternate: _____

Birthdate: _____ Gender: Male Female

School: _____ Grade Level: _____

Name of Parent/Guardian: _____

Relationship to Athlete: _____

Parent Email Address: _____

Address (if different than above: _____

Emergency Contact Information (if parent/guardian cannot be reached):

Name: _____ Relationship to Athlete: _____

Telephone: _____ Alternate: _____

Program (Check Appropriate Age Group)						
5-6 <input type="checkbox"/>	7-8 <input type="checkbox"/>	9-11 <input type="checkbox"/>	12-14 <input type="checkbox"/>	15-17 <input type="checkbox"/>	18 + <input type="checkbox"/>	Co-Ed <input type="checkbox"/> Y <input type="checkbox"/> N
Football Uniform Sizes					Additional Fee of \$10 4XL or higher	
Jersey	S - M	L - XL	2XL - 3XL			
Shorts						

(Do Not Write Below This Line)

Participant Contract	Medical Examination	Liability Waiver	Team/ Organization	Coach Name
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Height		Weight		

Authorization: _____ Date: _____

Amount Paid: _____ Cash *Check Money Order