

NCAAU TACKLE FOOTBALL

2018 Registration Form

CONFERENCE NAME: _____

CLUB NAME: _____

Please select one: Football _____ **Cheer** _____

Refund Policy: Check with your individual Club or organization.

****Please Print****

Participant's Name: _____

Date of Birth: _____ Age as of 8/1/2018: _____

School Attending this Fall: _____

Was participant promoted to next grade? Yes _____ No _____

Was participant part of a different AAU Tackle Football Association last season?

Yes _____ No _____

Father/GuardianName: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(Email is used for team purposed only – no sold or shared)

Employer: _____

Mother/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

(Email is used for team purposed only – no sold or shared)

Employer: _____

Insurance Carrier:

Policy Number:

By signing below you release AAU, NCAAU Tackle Football, your above Club and Conference, from any and all liabilities associated with injury through participation in this program.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Official Use Only:

Date: _____

Total Due: _____

Discount Applied: _____

Balance Due: _____