



NORTH COBB 2017 JUNIOR FOOTBALL REGISTRATION

You must have the following items to register:

- _____ 2 copies of birth certificate
- _____ 1 copy of insurance card
- _____ Copy of most current report card
- _____ GMSAA Waiver
- _____ 2 copies of Concussion Awareness Form
- _____ Parent Code of Conduct
- _____ Physical form from your doctor- dated for current school year. (No one will be able to participate without this form)

Payment can be made by cash, money order, or credit card at time of registration. No personal checks accepted for fees.

2017 Registration Fee \$350.00 Date _____ Payment Amount _____ (minimum \$125 due at Spring Registration)

Concessions Deposit: \$100.00 _____ Check Number _____ Equipment Deposit: \$250.00 _____ Check Number _____

NOTES: _____

******* THERE WILL BE NO REFUNDS ONCE EQUIPMENT HAS BEEN ISSUED*******

Player MUST reside in the North Cobb High School district in order to participate.

PLAYER NAME _____ BIRTH DATE _____

ADDRESS _____

street _____ city _____ zip _____

SUBDIVISION _____ HOME PHONE _____

SCHOOL _____ GRADE _____

(As of Fall 2017) (Grade as of Fall 2017)

HEIGHT: _____ WEIGHT: _____ ALLERGIES? _____

PLEASE PRINT CLEARLY! This will be how we keep in contact with you!

FATHER _____ MOTHER _____

EMAIL _____ EMAIL _____

OCCUPATION _____ OCCUPATION _____

CELL PHONE _____ CELL PHONE _____

STEP PARENTS NAME (if applicable) _____

**The NCTC will use email for most communication. Please make sure your email address is updated should it change.*

EMERGENCY INFORMATION

IF PARENT/GUARDIAN IS UNABLE TO BE CONTACTED, PLEASE LIST ALTERNATIVE CONTACTS.

NAME _____ NAME _____

PHONE _____ PHONE _____

RELATIONSHIP _____ RELATIONSHIP _____