

Jr. Pride FOOTBALL

FALL 2010 Registration & Waiver

Make Checks out to: Jr. Pride Association \$80
 **** Mail registration to:**** MUST BE POSTMARKED 5/25 ****
 Jr Pride Association
 6401 Sorenson Parkway
 Omaha, NE 68152

Coach Preference (we'll do our best to accommodate, but no guarantees) MARK ONE:
 FALL GRADE:

<u> </u> Midgets (7h & 8 th)	<u> </u> Jr Midgets (5 th & 6 th)	<u> </u> PeeWees (3 rd & 4 th)
<u> </u> Coach Hodges	<u> </u> Coach Higgins	<u> </u> Coach Collins
<u> </u> Coach Soliday	<u> </u> Coach Personette	<u> </u> Coach Kerwin
<u> </u> no preference	<u> </u> no preference	<u> </u> no preference

PLAYER'S NAME _____

(LAST) (FIRST) (MI) _____

STREET ADDRESS _____ HOME PHONE _____

CITY: _____ STATE _____ ZIP _____

SPECIAL REQUESTS _____

MEDICAL CONDITIONS _____ HEIGHT _____ WEIGHT _____

LAST YEAR'S TEAM _____ SCHOOL (Fall 2010) _____

PLAYER'S BIRTHDATE _____ - _____ - _____ PLAYER'S GRADE (Fall 2010) _____

(Month) (Day) (Year)

Father or Guardian Mother or Guardian

NAME _____ NAME _____

PRIMARY PHONE _____ PRIMARY PHONE _____

ALTERNATE PHONE _____ ALTERNATE PHONE _____

EMAIL _____ EMAIL _____

AMOUNT ENCLOSED: _____

I, We, the parent(s) or guardian(s) of the above named child hereby give my/our approval to participate in any and all league activities related to the Jr. Pride Association. We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify and agree not to hold the Jr. Pride Association, Roncalli Catholic High School and/or its affiliated organizations, sponsors, participants and persons for any claim arising out of an injury/accident to my/our child, whether a result of negligence or from any other cause. I/We further acknowledge the Jr. Pride Association, Roncalli Catholic High School and/or its affiliated organizations do not provide medical insurance. In addition, I/We hereby grant Jr Pride and Roncalli permission to use video, audio and/or any images relating to this club in promotional material.

There will be *NO REFUNDS* granted!!

Parent(s) or Guardian(s) Signature: _____ Date: _____

PRINT: _____

***** OFFICE USE ONLY *****

Received by: _____ check # _____

Amount _____