



Player _____ School/Grade _____

Address _____ Phone# _____

Parent(s) _____

Dad's work/phone # _____ cell # _____

Mom's work/phone # _____ cell # _____

Email Addresses _____ and _____

Player Information:

Height _____ Weight _____ Pant Size _____ Shirt Size _____ Helmet _____

Personal Insurance Information:

Provider _____

Policy # _____

Does your child have any medical needs that need to be monitored? If yes, please explain:

Allergy to Bee Stings? _____

DFL Player Signature _____ Date _____

Parent Signature _____ Date _____

Parents: Would you be willing to help coach? Yes or No

Would you be willing to help officiate/score keeper? Yes or No

DFL: \$65.00 Fee Paid CK# _____ Cash _____

Scholarship: