

Dickinson Football League

Player Registration Form



Player Name _____

School _____ Grade _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Personal Insurance Information

Provider Name _____

Policy # _____

Phone _____

Does your child have any medical needs that need special attention? If yes, please explain:

Would you be willing to help coach? _____

Would you be willing to help officiate? _____

TO BE COMPLETED BY DFL OFFICIALS

Player Information:

Height _____ Weight _____ Pant size _____ Jersey size _____ Helmet size _____

Equipment: Pads () Pants () Jersey () Helmet ()

Team Information _____

Comments: \$75.00 Registration Fee: Paid _____

Registration Deadline: AUGUST

Check # _____ Cash _____