

# Warren County Midget Football League 2017 Football Season

Player Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

Contact Phone Numbers \_\_\_\_\_ Email \_\_\_\_\_

**Check the Team the Player listed above played on last season (2016)**

**Belvidere**

**Mansfield**

**Riegel Ridge**

**Flemington**

**New Hope S.**

**Steele Hill**

**Lambertville**

**North Warren**

**Washington Boro**

**Lopatcong**

**Pohatcong**

**Washington Twsp**

**NONE OF THE ABOVE**

I have the authority and grant permission for my child, the above listed Player, to participate on the \_\_\_\_\_ Football team for the 2017 Season. I understand that a signed document dated within the 2017 calendar year indicating my child is medically cleared to participate in football is required.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature