

# ABERHART JR. FOOTBALL

## EQUIPMENT ISSUE CARD

Name: _____	School I.D: _____
Address: _____	Home Phone # : _____
Postal Code: _____	Athlete's Email: _____
Father's Name: _____	Work Phone #: _____
	Mom's Email: _____
	Work Phone #: _____
Mother's Name: _____	Dad's Email: _____

### REGISTRATION INFORMATION

BIRTHDATE: _____ <small>Day      Month      Year</small>	HT: _____	GRADE: _____
AGE (SEPT. 1): _____	WT: _____	SCHOOL: <u>ABE or QE</u>

### EQUIPMENT ISSUE

Mouth Guard _____	Bag Number: _____
Practice Jersey _____	Locker: _____
Socks _____	Combination: _____

  

EQUIPMENT	MODEL - NUMBER	RETURNED
HELMET		
SHOULDER PADS		
PRACTICE PANTS		
HIP & KIDNEY PADS		
GIRDLE		
THIGH PADS		
KNEE PADS		
RIB PADS		
BELT		

  

GAME JERSEY _____
GAME PANTS _____

### FORMS

Athletic Authorization _____	Football Fee <b>375.00</b>
Medical Verification _____	Fee: \$ _____
Acknowledgement of Risk _____	Total: \$ _____
	Refund: \$ _____

### FEES