

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: _____ <div style="display: flex; justify-content: space-around; font-size: small;">Day Month Year</div>	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 _____	<u>FEES</u>
Medical Verification _____	Football Fee 375.00
Acknowledgement of Risk _____	Fee: \$ _____
	Total: \$ _____
	Refund: \$ _____