

CAMPBELL LITTLE RED DEVILS REGISTRATION AND CONTRACT

Football Player / Cheerleader Name: _____

Address: _____

Phone: _____ Date of Birth: _____ Age as of Sept 1, 2023: _____

School Grade as of Sept 1, 2023: _____

School Name: _____

Mother/Guardian 1: _____ Phone: _____

Father/Guardian 2: _____ Phone: _____

Email Address (Optional): _____

By signing below, I agree that:

- The above information is correct, and my child is physically able to participate.
- I will conduct myself in a positive manner whenever I am dealing with football players, cheerleaders, coaches, other parents, fans or board members at practices, games or any other CLRD event.
- I understand the organization is ran by **volunteers** who **give** their time, skills, and knowledge to help our children become better football players and cheerleaders.
- I understand the safety and well-being of our children is everyone's responsibility and the organization's first priority.
- I understand all CLRD issued uniforms and equipment must be returned at the end of the season.
- I understand the success of this organization depends on the support and participation of the parents/guardians in this league.
- I understand that I may be asked to participate in fundraisers or volunteer at home games.

Your support and involvement is needed and appreciated!

Parent/Guardian Signature: _____ Date: _____