



Tackle Football Registration 3rd/4th grade and 5th/6th grade

1. Make checks payable to CVRC, please put the players name in memo.
2. Registration form **must** be accompanied by cash/check.
3. **2026 Player fees: \$100 AND Equipment Deposit Check \$75**
4. Deadline for sign up is **June 14th!** NO LATE SIGNUPS
5. MUST PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE FOR PLAY.

First Name: _____ **Last Name:** _____

DOB: _____ **Age** _____

Street Address: _____ **City/State/Zip** _____

Fall 2025 Grade: _____ **New or Returning player?** _____

Parent/Guardian Emergency Contact Information (please be complete as much as possible)

Parent / Guardian 1 Full Name		Parent / Guardian 2 Full Name	
Relationship to Player		Relationship to Player	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

No Refunds. Equipment will be issued when full registration payment is received. Players will not be allowed to participate in the CVRC program if payment is not paid in full. All equipment is the property of CVRC and must be returned at the end of the season. I agree to pay the cost of any lost equipment issued to my child or me by CVRC.

Medication Authorization – Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

Liability Waiver: AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Caney Valley Recreation Commission, Sponsors, volunteers, agents and other participants.

Any questions or concerns, please contact Director Craig Wheat @ 620-252-9972

Signature of Parent / Guardian _____

Print Name _____ Date _____

INTERESTED IN COACHING. YES OR NO SHIRT SIZE _____

CONTACT INFO: PHONE# _____ EMAIL _____

CVRC use	Check No.	Amount Paid	Date Received
\$75 Deposit:			