## FOOTBALL

## **2020 REGISTRATION FORM**





## PARTICIPANT INFORMATION

Last Name	First Name	e	M.I.	Date of Birth	
Street Address			Apt. #	Age (as of 7/31/20)	
City	State	Zip Code	Primary Contact	: Phone #	
School Attending (2020/2021)	Grade (20	Grade (2020/2021)		High School Zoned For	
Weight (football only)	Name of (	Name of Other Sibling(s) Registered			
PARENT / LEGAL GUARDIAN INFO	ORMATION				
Last Name	First Nam	First Name		Relationship to Child	
Street Address (if different than a	ibove)		Email Address (1	1)	
City	State	Zip Code	Email Address (2	2)	
Cell Phone #	Emergeno	Emergency Contact # (1)		Emergency Contact # (2)	
REGISTRATION COST & REQUIRE	MENTS				
There will be a \$25 service charge LHPWLS offers a \$20 sibling disconnection includes a non Football players are assigned to Please visit www.lakehowellhaw The following required paperwor (1) Copy of original birth certi (2) Two copies of 2019/2020 (3) Signed 2020 Participant Co (4) Signed 2020 Physical Fitne (5) Wallet sized photo of participants are required to pay a	count for first sibling and refundable \$85 appared to teams based on age/weiks.com to view football at the must be turned in all afficate (even if we have or final report card (must be particular and Parental Consess & Medical History Forricipant (head shot only, coperty of LHPWLS and must \$200 replacement fee if	fee.  ght. Cheerleaders are assign age/weight matrix and cheer tone time (no exceptions) to the on file from previous sease copies of original) sent Form (available on the LHPWLS to clor photo only, no hats allowed by the returned at the end of the equipment and/or uniforms	ned to squads based on agleading squad placement of the control of	riteria. tion date:	
Participants may be required to Pictures of participants and/or ar  Parent / Legal Gua  LEAGUE USE ONLY	y spectators may be plac			eer competition items).	
Amount Paid:	Date Paid:	Receipt #:			
Amount Paid:					
Amount Paid:	Date Paid:	Receipt #:			