

Olyphant Lions Jr. Football Participant Information One per family

Please list all family member participating in the organization.

Name _____ DOB ____/____/____

Name _____ DOB ____/____/____

Name _____ DOB ____/____/____

Name _____ DOB ____/____/____

Name _____ DOB ____/____/____

Address: _____

Phone #: (____)____-____ Parent's cell #:(____)____-____

Parent's email address: _____

Emergency contact information: _____

Medical Information (Please list any medical information the league should be aware of):

<i>For office use only:</i>	Staff Initials: _____
Registration fee: \$ _____	
Payment: \$ _____ cash/check# _____	
Balance: \$ _____	
Date paid in full: ____/____/____	Lottery Ticket #'s: ____, _____, _____, _____, _____