



Glenview Junior Titan Football Registration Form

Web site: www.glenviewjuniortitan.org

Phone: 847.657.8966

REGISTRATION INFORMATION (to be completed by parent or guardian)

Player's name (last, first):	
Weight (REQUIRED):	Height (approx):
Player's street address:	
City & Zip:	
Birth date:	School (upcoming year):
Grade (upcoming):	Previous team/year:
Mother's name & cell &/or work phone:	
Father's name & cell &/or work phone:	
Home phone:	
e-mail address(es) – VERY IMPORTANT :	
I am interested in coaching: () Head Coach () Asst Coach Name:	

CONSENT: I, the parent/legal guardian of the above mentioned child, do give my consent/approval to his/her participation in any/all activities of the Glenview Junior Titan Football Program ("the Program"). I further acknowledge, understand and agree that by participating in the Program, there is a possibility of physical illness or injury and that I assume the risk of such injury in his/her participation. I, the parent or guardian, do hereby consent and agree to indemnify, hold harmless and release the Program, its officers and agents from any and all claims, liability, loss, damage, cost and expense of any nature which may arise at any time out of In connection with my child's participation in the Program. Furthermore, I understand that the Program does not offer medical insurance and confirm that my child is covered by an existing medical health insurance policy. I understand and agree that all bills for medical care and treatment will be forwarded to my insurance company and that it will be responsibility to see that such bills are paid. Finally, I do hereby authorize the officials, coaches and representatives of the Program to obtain emergency medical treatment for my child for any illness or injury incurred while participating in the Program.

REFUND: Any participant may request a full refund less \$35 withdrawal fee prior to September 1st. As of September 1st, no refunds will be issued for any reason.

I have read and understand the Consent and Refund sections and agree and give my consent:

Parent/Guardian Signature: _____

Date: _____

*****MUST BE SIGNED IN ORDER FOR YOUR CHILD TO BE ALLOWED TO PARTICIPATE IN THE PROGRAM. NO EXCEPTIONS.*****

Reg. Fee*	265.00
Check No.	
Cash	

*Reg. Fee includes participation in GBS Football Camp from June 21 through June 25. Check our web site for more information.

Jersey Size	Youth	Adult
Small	NOT Available	
Medium		
Large		
X-Large		
XX-Large	NOT Available	