



Registration Form

Tackle Football

<input type="checkbox"/> Mighty Mite (6-8)	<input type="checkbox"/> Junior Pee Wee (9-10)	<input type="checkbox"/> Pee Wee (11-12)	<input type="checkbox"/> Junior (13-14)	STRIPER	<input type="checkbox"/>
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Basic Participant (child) Information: *(Please Print legibly)*

Last Name:	First Name:
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Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age on 6/1:	Weight:
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Parent/Guardian 1 Information (this address is expected to be the same as the participant's): Resides At? Yes No

Last Name:	First Name:
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Street Address:				
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City:	State:	ZIP:
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Phone (H):	Phone (W):	Phone (M):
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Email				
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EMPOWERMENT THROUGH SPORTS will communicate with parents via the website and email. It is important that you provide all email addresses you would like to be contacted at and that you set any spam filters on your home computer to accept emails from support@emtsports.com

Parent/Guardian 2 Information (if address is same as other parent, leave address info blank): Resides At? Yes No

Last Name:	First Name:
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Street Address:				
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City:	State:	ZIP:
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Phone (H):	Phone (W):	Phone (M):
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Email				
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EMPOWERMENT THROUGH SPORTS will communicate with parents via the website and email. It is important that you provide all email addresses you would like to be contacted at and that you set any spam filters on your home computer to accept emails from support@emtsports.com

Medical Conditions / Limitations:

Known medical conditions and medications (only list those that are important to your child's coach):				
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Emergency Contact Information – Please list at least one (1) person the child does not reside with

1	Full Name:	Relationship:	
	Home Phone:	Work Phone:	Mobile Phone:
	Email (Primary):		Email (Secondary):

2	Full Name:	Relationship:	
	Home Phone:	Work Phone:	Mobile Phone:
	Email (Primary):		Email (Secondary):

Other Information

Current School:	Expected High School:
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Seasons of experience: FLAG - TACKLE	Prior Position(s):
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Last Coach:	Last Team:	Last Division:
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<input type="checkbox"/> Coach or <input type="checkbox"/> Friend Request				
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League Volunteer Activity – Select one or more options

Head Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Team Parent	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	Press Box	<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>
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Payment Information

1.	Registration Fee (\$215)	+	\$	195.00
2.	Scholarship Program	-	\$	
3.	10 % Multi-Participant Discount	-	\$	
4.	Make a Donation to Empowerment Through Sports League	+	\$	

Total:	\$
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**Checks should be made payable to "Empowerment Through Sports League" and mailed to:
P O Box 1027 Higley, Az 85236**

******* FOR OFFICE USE ONLY *******

AGE VERIFIED: <input type="checkbox"/>	WAIVER: <input type="checkbox"/>	CONDUCT: <input type="checkbox"/>	CASH <input type="checkbox"/>	CHARGE <input type="checkbox"/>	CHECK No	AMOUNT:
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Scholarship Request Date:	Available? YES <input type="checkbox"/> NO <input type="checkbox"/>	Approved? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date:
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League Representative Name:				
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Representative Signature:	Date:
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