

**City of Orange Division of Recreation
Orange Youth Football/Cheer Clinic**

Player Name: _____

Address: _____

City _____ NJ Zip _____

Home Phone: _____ Birth Date: _____ Age: _____

School: _____ Weight (Football Only) _____

Shirt Size _____ Short Size _____

PLEASE CHECK THE ACTIVITY YOU WISH TO PARTICIPATE IN

Football/Cheer Ages (7-9) _____ (10-11) _____ (12 -14) _____

(PLEASE PRINT) PARENT OR GUARDIAN (PLEASE PRINT)

Name: _____

Email Address: _____

Occupation: _____ Business Phone: _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

PLEASE READ CAREFULLY

I, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in any Orange Youth Football Program present by the Division of Recreation and understand as a parent I must abide by the rules and regulations set forth in the parent manual, and volunteering and fundraising activities are mandatory.

All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township, Orange Board of Education, their coaches, volunteers and board of Directors against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the many scheduled activities.

Parent/Guardian: _____ Date _____

AREAS YOU CAN HELP OUR PROGRAM

Score Keeper _____ Concession Stand _____ Banquet _____ Practice Committee _____

Picture Committee _____ Equipment Asst. _____ Fundraising _____ Game Day Committee _____