

HEALTH CERTIFICATE

I certify that my child _____ is physically fit to participate in the Blackhawk Li'l Cougar Football Program, knowing this is a contact sport and that my child is in good physical condition.

Parent's Signature: _____ Date: _____

INSURANCE

Insurance Company Name: _____

PARENT RESPONSIBILITY

I understand as a parent or guardian of _____ that I am 100% responsible for the full completion of the major fundraiser for the current season. The money will be turned in no later than the date requested. In the event that the monies are not collected at the due date, the responsible participant will be penalized by non-participation, withholding all future awards and that the amount will be assessed on the following year.

Parents Signature: _____ Date: _____

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_____ E-mail Address:

_____ Phone Number: _____ Cell Phone:

_____ Address:

_____ Parents Name:

_____ Li'l Cougar Football program during the school year _____ . Birth date:

_____ a student at _____ School District, to take part in the Blackhawk

_____ I give my consent for _____,

_____ Birth Certificate
_____ Jersey Number
_____ Team
Blackhawk Li'l Cougars use only

