

# Kingdom Football Registration Form (also at [www.kingdomfootball.org](http://www.kingdomfootball.org))

Fully complete form: Mail to Kingdom Football Ministries, 901 Watkins Glen Drive, Dayton, Ohio, 45458, or hand to Coach Brent. To secure a spot for football 100% of the fee must be paid. Questions??? Call 937-657-7556. "All participants must be 14 years of age or younger (May not turn 15 before August 1<sup>st</sup>). I certify that: 1) I or my children have never been convicted of any sex offense nor felony; and, 2) this application is correct in every material aspect, including but not limited to the (street) address and birth date. NOTE: Required Parent/Guardian signature if member is under 18 years old."

**Circle Program:** Winter 7 on 7 Football (\$100)    Spring NFL Flag Football (\$49)    Summer 7 on 7 (\$45)    Summer All-City Camps (K-6<sup>th</sup>/\$12, 14U/\$14)  
Fall Dayton Falcons Football (\$100)    Fall Miami Valley Wolfpack Football (\$100) & Cheerleading (\$60)    Post Season Tournament Teams (\$TBA)

Date of Registration: \_\_\_\_\_ Down Payment Amount Attached: \$ \_\_\_\_\_

Participant's Name: \_\_\_\_\_

(Area Code) Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone(s): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Football Complete Entire Page**  **Cheerleading only completes top portion**  **and sign Waiver section below** 

Jersey Size: \_\_\_\_\_ \*Y or A sizes?    Shoe Size: \_\_\_\_\_ \*Y or A sizes?

20011/12 Grade: \_\_\_\_\_ Favorite Jersey Numbers: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**(NFL Flag Only) Circle Age Division:**    **Bantam/4-5 yrs**    **Pee Wee/6-7 yrs**    **Midget/8-9 yrs**    **JV 10-12 yrs**    **Varsity/13-14 yrs**

Age: \_\_\_\_\_ (NFL Flag Only: Age as of April 1, 2011)    Birth date: \_\_\_\_\_

Height (ft. & in.) \_\_\_\_\_ Weight \_\_\_\_\_

**Check One:** Player: OR Coach: \_\_\_\_\_ Number of total years playing OR coaching full contact football: \_\_\_\_\_

Which youth football program did you play OR coach for in 2010? \_\_\_\_\_

Did you play OR coach both ways Y or N: \_\_\_\_\_ Where you a starter Y or N: \_\_\_\_\_

What was the primary offensive position you played OR coached in 2010? \_\_\_\_\_

What was the primary defensive position you played OR coached in 2010? \_\_\_\_\_

**Please place me on the same team as this Player or Coach:** \_\_\_\_\_

**Rank all of the positions below, 1-11, in the order that you would like to play or coach, 1 being first choice!**

Offense: Center \_\_\_\_\_ Line \_\_\_\_\_ Tight End \_\_\_\_\_ Wide Receiver \_\_\_\_\_ Running Back \_\_\_\_\_ Quarterback \_\_\_\_\_

Defense: Line \_\_\_\_\_ Def. End \_\_\_\_\_ Linebacker \_\_\_\_\_ Cornerback \_\_\_\_\_ Safety \_\_\_\_\_

What football camps do you attend? \_\_\_\_\_

Other sports: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

Do you attend a faith based church, which one? \_\_\_\_\_

Please list any and all health/medical related conditions: \_\_\_\_\_

\_\_\_\_\_

Primary person(s) providing transportation: \_\_\_\_\_

Emergency contact person and telephone: \_\_\_\_\_

Any additional information? \_\_\_\_\_

### WAIVER FORM

The undersigned, being the custodial parents/legal guardians for the above named participant, hereby releases and waives any and all claims, losses, damages, injuries to person or property, expense, cause of action or cost named participant has, had or may have in the future have against Kingdom Football Ministries, its employees, agents, and all activity sponsors arising from or relating to participant's participation in, and/or the conduct of, the activity. The undersigned also hereby authorizes the directors/staff of the activity to act according to their best judgment in seeking and obtaining medical care and treatment for the above named participant.

Parents Signature: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_