



FUTURE TIGER ATHLETICS

"One Community One Vision One Goal"

2017 Triton Central Youth Football Registration-FALL LEAGUE

Child's Name: _____ Parent's Name: _____

Address: _____ City: _____ STATE: _____ ZIP: _____

Cell Phone# _____ Text: Y-N

EMAIL: _____

Additional Contact Name/Number: _____

Preferred Contact Number: (for messages, cancellations, etc) _____

Child's Birth Date: _____ Child's Present Age: _____ Child's T-Shirt
Size _____

School Grade in 2017-18: _____ Child's Height: _____ Child's Weight: _____

Jersey Size: _____ Jersey Number _____ (please list 3-1st/2nd/3rd choices)

(Please specify size: Y-M, Y-L, A-S, A-M, A-L, A-XL, A-XXL)

Parent Permission

Liability Waiver: I give my permission for _____ to participate in FTA Football Program. My child and I are aware that participating in the Triton Central Youth Football program is a potentially hazardous activity. I assume all risks associated with participation in this sport. Including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

Photograph Release: I hereby authorize The Triton Central Future Tiger Athletic Program to post photos, which may include my child on the school website or any other promotional material.

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

Form must be signed by a parent/guardian before your child can participate.

By signing this form, I agree to abide by the FTA Code of Conduct and Rules & Regulations as detailed on the back of this form and I further agree to ensure same is applied to my family and any other person(s) who may attend any

game on my child's behalf.

Emergency Contact Information

Family Physician _____ Phone _____

Pre-existing medical conditions (e.g. allergies or chronic illnesses):

Emergency contact: _____ Phone: _____

Relationship to child: _____

Volunteer Opportunities

I would like to volunteer to work one of the following positions:

_____ Sideline Chains

_____ Head Coach

_____ Assistant Coach

_____ Concessions Worker

*****ALL volunteers must have a background check on file.*****

****For Triton Central FTA "Football" Use****

20 Yard Time: _____ **40 Yard Time:** _____ **T-Drill Time:** _____

Helmet: _____ **Pads:** _____ **Division:** _____

Copy of Birth Certificate (BRING DAY OF SIGN-UP): _____

Payment Type (\$50): Cash \$ _____ **Check #:** _____

Collected By FTA Official: _____

Any additional information and questions can be directed to the following individuals;

Football Program Director-Future Tiger Athletics
Mike Brown (317-306-1189) jbrown8270@aol.com

Football Program Director-Future Tiger Athletics
Dan Thacker (317-670-4462) dan.thacker01@yahoo.com