2023 Football

Registration



Be transformed by the renewing of your mind... Romans 12:2



Participant Name			Grade	
Date of Birth		Contact email		
Address				
City		State	Zip	
Parent Name			Phone	
Emergency Contact Name			Phone	
Yes, I am willing to coach/help co	ach.			
Name			Phone	
Participation Fee: \$50				
Behavior Policies Please read and discuss the Athlet	ic Handbook (available at <u>htt</u> ;	o://www.valley-chris	stian.org/Athletics).	
We have read the Athletic Handbo	ok and agree to comply with	the behavior and co	onduct policies.	
Parent Signature	Date	Student Signature		Date
Concussion Awareness and Co Parents: please read the Concussion		iilable at <u>http://ww</u> y	v.valley-christian.org/Athle	etics).
I have read the Concussion Fact Sh has a concussion.	eet for Parents and am award	e of the symptoms a	and actions I should take if	I suspect my child
In case of an emergency, the athlete I a hospital to give care to whatever emer Valley Christian School.		•	•	
Parent Signature	Date			