

**2013 Greenfield-Central Girls Little Cougar Registration Form**

Please Print

One player per form

Players Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ (2013-14) Shirt Size YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_

Eden J.B. Stephens Weston Harris GIS MIS St. Michael (Circle One)

Parents Names: Father \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

**E-Mail**

Address \_\_\_\_\_

**I will not hold Greenfield-Central Community School Corporation or the Greenfield Central Little Cougar League liable for any injuries occurring at any game or practice. I hereby give my consent for my child to participate in the Greenfield-Central Little Cougar League. I also give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Indiana physician should their condition require it in my absence.**

Parent or Guardian Signature \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

**Please List Any Medical Information Which You Feel Should Be Known** \_\_\_\_\_



\_\_\_\_\_ I am willing to be a volunteer coach Grade Level 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Name & Phone \_\_\_\_\_

**Coach Laker and His staff will conduct a mandatory Coach's meeting on August 26th at 6:30 p.m (GCHS Athletic Director's Office)**