

**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 a 60% down payment must be made. Questions??? Call 937-657-7556. "All participants must be 14 years of age or younger. By authorizing payment of my annual membership dues, I certify that: 1) I or my child have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AYF/AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to the (street) address and birth date. The Applicants agree to be bound by the AYF/AAU Code, including all AYF/AAU Policies, which are available for review on the AYF/AAU Web site at [www.aasports.org](http://www.aasports.org). NOTE: Required Parent/Guardian signature if member is under 18 years old."

Circle Program: Winter 7 on 7 (\$125) Summer All-City Camps (Minimal Charge) Fall Miami Valley Wolfpack Football (\$125)  
Fall Miami Valley Wolfpack Cheerleading (\$60) Post Season Miami Valley Metro (\$100)

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: \_\_\_\_\_

☞ **Cheerleading only complete top portion** ☞ **and sign Waiver section below** ☞

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

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

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ 2009/10 Grade: \_\_\_\_\_

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 2008? \_\_\_\_\_

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 2008? \_\_\_\_\_

What was the primary defensive position you played **OR** coached in 2008? \_\_\_\_\_

**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? \_\_\_\_\_

Commitment: "I am not participating in another program that interferes with the practice times or games of this Kingdom Football program."

Is this statement: True \_\_\_\_\_ **OR** False \_\_\_\_\_

**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: \_\_\_\_\_