

2009 HARRISON YOUTH FOOTBALL LEAGUE

PLAYER EVALUATION DATA

EVALUATIONS AT LOUIS M. KLEIN MIDDLE SCHOOL

Saturday, September 12th

9:30 am

3RD GRADE

10:15 am

4TH GRADE

11:15 am

5TH GRADE

12:00 pm

6TH GRADE

In Case of Rain , Call Harrison Recreation Hotline 670-3039 for information

All Participants & Coaches MUST ATTEND THE EVALUATIONS

DRAFTS FOR “COACHES ONLY” WILL BE HELD ON:

3RD AND 4TH GRADES, Monday September 14th - 7:00 PM

5TH AND 6TH GRADES, Monday September 14th - 8:00 PM

AT THE SOLLAZZO CENTER

-----CUT HERE-----

Applicants Name: _____ Phone # _____

Address _____ Parent 2009 ID # _____

Town _____ State _____ Zip Code _____ Birth Date _____

Approx. Weight _____ Grade in Sept. 2009 (Circle one) 3rd 4th 5th 6th

We, the parents of _____ grant him/her permission to play in the Harrison Youth Football Program. We release the Harrison Recreation Department and related League personnel from any responsibility should any mishap occur.

Mothers Signature _____ Fathers Signature _____

Cost: \$100 (Check or Money Order only payable to Harrison Youth Football)

Late Fee: \$125 After June 25th

My parent is willing to support the program by becoming involved in the following capacity:
Sponsors will get ads placed in weekly football programs for both divisions.

Sponsor Fee: \$250 Patron: \$25 Donation: _____

Sponsor Name: _____

Coaching (circle): Head Coach Assistant Coach

THE DOCTORS FORM MUST ACCOMPANY THE REGISTRATION FORM

DOCTORS PERMISSION FORM

PLAYERS NAME _____ is physically capable to participate in the Harrison Youth Tackle Football League.

WEIGHT _____ **DOCTORS SIGNATURE** _____

HEIGHT _____ **TELEPHONE** _____

ADDRESS _____

*****Early registers receive equipment early*****