

PLAYERS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

(Please print CLEARLY) last first

ZIP CODE: \_\_\_\_\_ GRADE (entering in fall): \_\_\_\_\_ SCHOOL (entering in fall): \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_ DOB (Player): \_\_\_\_\_

(Please print CLEARLY)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell #2: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(Please print CLEARLY)

E-MAIL ADDRESS \_\_\_\_\_

(Please print CLEARLY)

PLAYERS NAME(S)			
HT	ft	in	WT lbs

League Use League Use League Use

INITIAL COST	\$200 (Chk/Csh)	AMOUNT	ACC Conf. #
-Play Fee \$50 (per player)	\$206 (Credit Card)	Pymt #1	
-Equipment Deposit (\$75 per Player)	+\$30 Optional Girdle Charge	Pymt #2	
-Family Participation Fee \$75 per family		Pymt #3	
-Optional Girdle Fee \$30.00 per pair		Pymt #4	

**EQUIPMENT FITTING DAY**  
Fitting Coaches Initials \_\_\_\_\_

Girdle Size: \_\_\_\_\_ Helmet # \_\_\_\_\_

I waive my \$75 family participation fee and will not be working any hours. Parents Initials \_\_\_\_\_ Shoulder pad # \_\_\_\_\_

\*Scholarship Approval\* Amount Paid \_\_\_\_\_

signature \_\_\_\_\_

END OF SEASON PAYOUTS

**REFUNDABLE PAYMENTS (see reverse side for calc)**

Team Mgr (Y/N) \$50 \$ \_\_\_\_\_

Equipment Deposit \$75 \$ \_\_\_\_\_

Family Participation Fee \$75 \$ \_\_\_\_\_

Total Refundable \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Initials \_\_\_\_\_ I elect not to work any Family Participation hours and will donate my \$75 to the league.

CIRCLE Payment Type Made: Cash / Check

Chk if Payment is to be mailed:

- \_\_\_\_\_ Size: YS YM YL YXL AS AM AL AXL AXL
  - Player Equipment Checklist
  - Helmet
  - Shoulder pad
  - Pants
  - Belt
  - Mouthguard
  - Practice Jersey
  - Pad set
  - Paperv
- Please sign after receiving this  
Parent(s) signature \_\_\_\_\_

		<u>CONDITION</u>	<u>REPAIR OR REPLACEMENT COST</u>
HELMET		DAMAGED OR MISSING	\$200 Helmet
	HELMET	NOT CLEAN OR HEAVILY SOILED	\$50.00
	HELMET	SLIGHTLY DAMAGED	\$15.00
	CHIN STRAP/PADS	DAMAGED OR MISSING	\$10.00
SHOULDER PADS		DAMAGED OR MISSING	\$40.00
	WASHED	SOILED	\$15.00
	CLIPS	MISSING	\$5.00
	STRAPS	MISSING	\$5.00
PADS		DAMAGED OR MISSING	\$30.00
	WASHED	SOILED	\$10.00
	2 KNEE PADS	MISSING	\$10.00
	2 THIGH PADS	MISSING	\$10.00
	3 HIP PADS	MISSING	\$18.00
PANTS(Game/Pract.)		DAMAGED OR MISSING	\$30.00
	WASHED	SOILED	\$5.00
	TEARS REPAIRED	TORN	\$10.00
	BELT	MISSING	\$8.00
JERSEY(Game/Pract.)		DAMAGED OR MISSING	\$40.00/\$25.00
	WASHED	SOILED	\$5.00
	TEARS REPAIRED	TORN	\$10.00

Family Participation Hours

XXX HOURS REQUIRED  HOURS WORKED  
 FAMILY PARTICIPATION HOURS DEDUCTION \$

EQUIPMENT DEPOSIT \$ 75.00

TOTAL DEPOSIT AMOUNT \$ \_\_\_\_\_ minus

MINUS - \$30.00 LATE FEE(if applicable) Yes No

PARENT/GUARDIANS SIGNATURE \_\_\_\_\_