

Del Val Jr Terriers Registration

Required information

Please fill in your information below

Primary Guardian first name	
Primary Guardian last name	
Primary Guardian email	
Primary Guardian cell number	
Primary Guardian address (street)	
Primary Guardian address (city)	
Primary Guardian address (zip)	
Agree to code of conduct?	YES, I AGREE
Agree to work bond?	YES, I AGREE
Agree to can shake?	YES, I AGREE OR NO, I will pay the \$100 opt out fee
Agree to calendar raffle?	YES, I AGREE
Agree to equipment waiver?	YES, I AGREE
Agree to photo waiver?	YES, I AGREE
Agree to provide birth certificate?	YES, I AGREE
Agree to waiver and release of liability?	YES, I AGREE
Agree to minor participant waiver?	YES, I AGREE
Agree to provide all physical forms?	YES, I AGREE
OPTIONAL INFORMATION YOU WISH TO SHARE:	

*** Please note that not completing work duties, calendar raffle, can shake (if not opting out) or returning equipment in good condition, by date to be announced, will result in cashing of your bond check***

DVJT REGISTRATION

Participant #1's First & Last name	
Participant's date of birth	
Grade entering in Fall 2019	
Football or cheer	
Agree to concussion baseline testing if 10 yrs or older?	YES, I AGREE
Participant #2's First & Last name	
Participant's date of birth	
Grade entering in Fall 2019	
Football or cheer	
Agree to concussion baseline testing if 10 yrs or older?	YES, I AGREE

Participant #3's First & Last name	
Participant's date of birth	
Grade entering in Fall 2019	
Football or cheer	
Agree to concussion baseline testing if 10 yrs or older?	YES, I AGREE

EMERGENCY CONTACT NAME OTHER THAN PRIMARY GUARDIAN	
CELL PHONE	

PLEASE RETURN WITH REGISTRATION CHECK TO:
DEL VAL JR TERRIERS P.O. BOX 547 PITTS TOWN, NJ 08867