

DVRJ Terriers Paper Registration Form

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 Parents code of conduct?	YES, I AGREE _____ Initial Here
Agree to security bond?	YES, I AGREE _____ Initial Here
Agree to Raffle Ticket Fundraiser?	YES, I AGREE to pre-pay \$100 for each child (2 max) OR NO, I will pay \$50 opt out fee per child (2 max)
Agree to equipment waiver?	YES, I AGREE _____ Initial Here
Agree to photo waiver?	YES, I AGREE _____ Initial Here
Agree to provide birth certificate?	YES, I AGREE _____ Initial Here
Agree to waiver and release of liability?	YES, I AGREE _____ Initial Here
Agree to minor participant waiver?	YES, I AGREE _____ Initial Here
Agree to provide all physical forms?	YES, I AGREE _____ Initial Here
OPTIONAL INFORMATION YOU WISH TO SHARE:	

*** Please note that not completing work duties or returning equipment in good condition, by date to be announced, will result in cashing of your \$250 Security check***

DVRJr. Terriers Paper REGISTRATION Form

Participant #1's First & Last name	
Participant's date of birth	
Grade entering in Fall 2022	
Football or Cheer	
Level (circle one)	Flag Pee Wee Junior Varsity Varsity
Agree to concussion baseline testing if 10 years or older?	YES, I AGREE _____ Initial Here
Participant #1's shirt size	
Participant #1 pants size	
Participant #2's First & Last name	
Participant's date of birth	
Grade entering in Fall 2022	
Football or Cheer	
Level (circle one)	Flag Pee Wee Junior Varsity Varsity
Participant #2's shirt size	
Participant #2's pants size	
Agree to concussion baseline testing if 10 yrs or older?	YES, I AGREE _____ Initial Here

Participant #3's First & Last name	
Participant's date of birth	
Grade entering in Fall 2022	
Football or Cheer	
Level (circle one)	Flag Pee Wee Junior Varsity Varsity
Participant #3's shirt size	
Participant #3's pants size	

Agree to concussion baseline testing if 10 years or older?	YES, I AGREE _____ Initial Here
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EMERGENCY CONTACT NAME OTHER THAN PRIMARY GUARDIAN	
CELL PHONE	

**PLEASE RETURN WITH REGISTRATION CHECK TO:
DVRR JR TERRIERS P.O. BOX 547 PITTSTOWN, NJ 08867**