

2013 Powder Puff registration

___ SENIOR ___ JUNIOR ___ SOPHOMORE ___ FRESHMAN

___ Female Player

___ Male Cheerleader

___ Male Coach

Shirt size: ___ SMALL ___ MEDIUM ___ LARGE ___ X-LARGE

Student's Name: _____

Cell Phone: _____ Home Phone: _____

Student's Email: _____

Parent's Name/Phone: _____

Parent's Email: _____

Medical Authorization—As the parent or legal custodian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder.

Parent/legal guardian signature: _____

Are you a parent willing to help?

___ check in players at practices

___ provide dinner for teacher volunteers

___ check in players on game day

___ adults presence on sidelines

___ ticket sales

___ ANYWHERE YOU NEED ME MOST!

___ concessions

Make checks payable to: CARY IMP CLUB - \$15.00