

# Warren County Midget Football League, 2010 Football Season

## Lopatcong

Player Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Parents' Names \_\_\_\_\_  
Contact Phone Numbers \_\_\_\_\_  
Email \_\_\_\_\_

**Check the Team the Player listed above played on last season (2009)**

<input type="checkbox"/> <b>Belvidere</b>	<input type="checkbox"/> <b>Mansfield</b>	<input type="checkbox"/> <b>Riegel Ridge</b>
<input type="checkbox"/> <b>Flemington</b>	<input type="checkbox"/> <b>North Warren</b>	<input type="checkbox"/> <b>Steele Hill</b>
<input type="checkbox"/> <b>Lambertville</b>	<input type="checkbox"/> <b>Phillipsburg</b>	<input type="checkbox"/> <b>Washington Boro</b>
<input type="checkbox"/> <b>Lopatcong</b>	<input type="checkbox"/> <b>Pohatcong</b>	<input type="checkbox"/> <b>Washington Twsp</b>

**NONE OF THE ABOVE**

I have the authority and grant permission for my child, the above listed Player, to participate on the \_\_\_\_\_ Football team for the 2010 Season. I understand that a signed document dated within the 2010 calendar year indicating my child is medically cleared to participate in football is required.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature