

2018 BRONCOS FOOTBALL & CHEER REGISTRATION FORM

450 Chain O' Hills Rd. Colonia, NJ 07067

TEAM: (Circle One) FOOTBALL or CHEER

CHILD'S NAME: _____ HOME PHONE #: _____

ADDRESS: _____ TOWN: _____ ZIP CODE: _____

GRADE (Sept. 2018): _____ DOB (mm/dd/yr): _____ / _____ / _____ EMAIL ADDRESS: _____

NAME OF SCHOOL (Sept. 2018): _____

CALLINGPOST MESSAGES #: _____ APPROX. WEIGHT (LB) _____

PARENT NAMES: _____ CELL PHONE #: _____

EMERGENCY CONTACT:

NAME: _____ RELATION TO CHILD: _____

BEST CONTACT NUMBER: _____ ALLERGIES/MEDICAL CONDITION _____

***WORK BOND POSITIONS:** (Please circle areas of interest)

CHAIN CREW GAME DAY SET UP GAME DAY BREAKDOWN EQUIPMENT MANAGER

TEAM PARENT PLAY MONITOR GAME DAY ANNOUNCER SCOUT

COACH (additional requirements apply)

CONCESSION STAND (includes 50/50; tattoo sales & apparel sales)

Fulfillment of at least two work bonds PER FAMILY and the MANDATORY FUNDRAISER in addition to FULL payment of outstanding fees is required in order for your child to attend the banquet without cost and to receive plaques, trophies and any other awards your child may earn
****NO REFUNDS AFTER AUGUST 1, 2018****

FEE SCHEDULE:

PER PARTICIPANT: \$135 PER PARTICIPANT

FAMILY PLAN: \$115 PER PARTICIPANT

(Immediate Family Members of 3 or More/ No Other Discounts Apply)

(FUNDRAISERS ARE REQUIRED)

I, AS THE PARENT/GUARDIAN HEREBY GIVE PERMISSION TO THE ABOVE MINOR TO PARTICIPATE IN ANY AND ALL ACTIVITIES SPONSORED BY POP WARNER LITTLE SCHOLARS AND ALL AFFILIATED ORGANIZATIONS. I RELEASE ALL ORGANIZATION MEMBERS FROM ANY AND ALL CLAIMS ARISING FROM INJURY EXCEPT TO THE EXTENT OF INSURANCE COVERAGE HELD BY SAID AFFILIATES OF PWLS. I AGREE TO BE BOUND BY ALL RULES AND REGULATIONS OF BRONCOS FOOTBALL AND CHEER AND PWLS. I UNDERSTAND THAT ALL EQUIPMENT AND UNIFORMS ISSUED TO MY CHILD REMAIN THE PROPERTY OF THE BRONCOS FOOTBALL AND CHEER. I WILL CARE FOR, MAINTAIN AND RETURN ALL PROPERTY TO BRONCOS FOOTBALL AND CHEER UPON COMPLETION OF THE SEASON.

Parent/Guardian Signature: _____ Date: _____ / _____ / 2018

Date Registration Received: _____ / _____ / 2018 EBD Member Signature: _____

FORM OF PMT: CASH: _____ (Confirm Amount) CHECK #: _____ MONEY ORDER #: _____

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FEE SCHEDULE:

NO REFUNDS AFTER AUGUST 1, 2018

PER PARTICIPANT:

\$135 PER PARTICIPANT

FLAG LEVEL:

\$115 PER PARTICIPANT

FAMILY PLAN:

\$275 FAMILY PLAN (Immediate Family Members of 3 or More/No Other Discounts Apply)

(FUNDRAISERS ARE REQUIRED)

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