



Lighthouse PCA Athletics

625 N 9th Avenue
Pensacola, Florida 32501
1508 New Hope Rd.
Gulf Breeze, FL 32563

Website: <http://lighthousepca.com/>

2017-2018 Registration Form

Player Information	
Child's Name (First, MI, Last):	
Address:	Birth Date (MM/DD/YYYY):
City, Zip:	Age (as of July 31, 2017):
Phone:	Grade in Fall, 2017-18:
Desired position:	School Attending in 2017-18:
Parent/Legal Guardian Information	
Father/Guardian's Name:	Mother's Name:
Address (if different):	Address (if different):
Home Phone (if different):	Home Phone (if different):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Do you have Personal or Group Insurance? ____ Yes ____ No (If yes, then complete)	
Name of Insurance Company:	Employer:
Name of the Insured:	
Please list all pertinent medical information, physical limitations, problems or special needs:	
Emergency contact (other than parents):	
Phone #:	Relationship:

Other Sibling participant(s)? Name(s) _____ Age(s) _____

T-Shirt Size: Adult Sizes (circle one) S M L XL 2XL 3XL 4XL

Youth Sizes (circle one) S M L XL

Liability Waiver: I, the parent/legal guardian of the above child, hereby give permission for him/her to participate in any and all Football related activities during the current season. I assume all risks of hazards incidental to such activities. I hereby release, waive, and hold harmless the Lighthouse PCA Football and it's respective organizers, directors and coaches from any claims arising out of any injury or damages incurred during or in route to such activity.

Parent/Legal Guardian Signature: _____ **Date:** _____

Medical Authorization Form: I, the parent/legal guardian of the above child, in the event of my absence, do hereby give my permission to Lighthouse PCA Football, it's agents and directors to authorize any medical attention required when an injury has incurred to my child.

Parent/Legal Guardian Signature: _____ **Date:** _____

Select the Sport in which your child wishes to play:

- | | | | | |
|---------------------------------------|--|-----------------------------------|--|-------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | \$75 Per Sport Selected |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Cross Country | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> T-Ball | <input type="checkbox"/> Swimming | Total Paid: _____ |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Peppers | <input type="checkbox"/> Tennis | | |