(Blue Form)

Pioneer Football 2009

Registration Form

(Deadline: Friday, June 29, 2009 for players to attend camp!)

Please select T-shirt and Short Size:										
		T-Shirt Size: (Circle one)	3XL	2XL	XL	L	М	S		
		Short Size: (Circle one)	3XL	2XL	XL	L	М	S		
Plave	er Name:		email	:						
	ddress:Zip:									
Grad	e Entering Fa	ll 2009 (circle one): 9 10	11 12	Squ	ad (c i	rcle	one)	Fresh	JV	Varsity
Fathe	er Name:		_email	:						
Mother Name:email:										
Guardian Name(s):email:										
Home Phone: Cell Phone:										
Alternate Phone: Alternate Phone:										
I can be contacted to volunteer in some capacity this season										
Name	Area of Interest									

IMPORTANT: <u>Please make sure you have provided valid multiple e-mail</u> <u>addresses.</u> E-mail is our primary form of communication provided directly from coaches to parents and student athletes. If you don't have an email address, please provide valid phone numbers - both home and cell.

Please answer:

1) Has the student athlete's athletic medical record form, AAPS emergency card, and \$30 athletic benefit fee payment been submitted to the Pioneer Athletic office? Yes ____ No ____

2) Did the student athlete play football for Pioneer last year (Fall 2008)? Yes ____ No ____

3) Did student athlete live outside the Pioneer attendance area any time during the '08-'09

school year? Yes ____ No ___

Rcvd Date: _____

FEES (may be paid in full or in 2 payments):

Participation Fee (All squads)	\$	200.00
Team Camp (Freshman and JV - \$50 ; Varsity - \$155) enter h	1ere>> \$_	
Late Registration fee (\$25 to register after July 31 st , 2009) enter h	1ere>> \$_	
<u>TOTAL</u> enter l	here>> \$_	

Full Payment Enclosed.....

Check here if opting to make 2 payments (use forms on enclosed yellow sheet).....

Checks and money orders accepted, made payable to: **Pioneer Football Booster Club** *(include student athlete's name and squad in memo of check).* Credit cards (**Visa, MasterCard, or Discover**) are also accepted (see **yellow sheet**). Full refund of Participation Fee may be granted for players who withdraw in writing by Sunday, August 9th. Partial refund (50%) of this fee may be granted for players who withdraw in writing by Friday, August 21st.

Mail this form and payment to: Pioneer Football Booster Club, P.O. Box 3084, Ann Arbor, MI 48106-3084 NO LATER THAN Friday, June 29th

If you have any questions, please contact:

Karen Finch, Registration	734- 218-0786	kfin4him@gmail.com		
Jeff Finch, Registration	734- 355-1205	ctcnow@comcast.net		

Parental Consent and Waiver Form for Team Camp (Must be completely filled-out in order to participate)

I hereby appoint the staff of the Pioneer Football Team Camp to authorize medical treatment for my child for any injury or illness that may occur during camp. I hereby waive and release the Ann Arbor Public Schools and the camp staff from any and all liabilities due to injuries incurred while at camp. I accept full responsibility for any medical treatment that may occur.

Emergency Contact 1	Relationship	Phone Number(s)	
Emergency Contact 2	Relationship	Phone Number(s)	
Signature of Parent/Guardian		Signature Date	
Health Insurance Company		Card Number	

** Athletic Training Staff will be on-site for emergency treatment only.

** NO PRE-PRACTICE OR POST-PRACTICE TREATMENT WILL BE OFFERED!