

**For JFL Use Only**

Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check# \_\_\_\_\_ Other: \_\_\_\_\_

**Goshen Junior Football League, Inc.  
Registration Form**

**2010 League Fee: \$30.00      No Refunds      Make Checks payable to Goshen JFL**

- **Payments are due before equipment will be issued at registration.**
- **No one will be excluded from playing for financial reasons.** Questions should be directed to Ken Mirer

**(Please Print Information)**

Player's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

School \_\_\_\_\_ Grade for (2010-2011) school year \_\_\_\_\_

Did child play in the Goshen Junior Football League last yr? yes \_\_\_ no \_\_\_ If yes, which team? \_\_\_\_\_

T-shirt size: (circle one) **Youth size** M L **Adult size:** S M L XL XXL Height \_\_\_\_\_ Wht. \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Address: Street: \_\_\_\_\_/apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Is the player covered by medical insurance: Yes \_\_\_ No \_\_\_ Insurance Co.

Name \_\_\_\_\_

**Registration Requirements:**

Must be born by **August 1, 2001** and must not be born before **August 1, 1998**

No minimum weight requirement but can not exceed **225 lbs.**

**Priority will be granted to children that attend a Goshen Community School. Once all requests are filled then children from non-GCS's will be considered beginning with the oldest working back to the youngest.**

**(Late entries will be processed only as team openings occur)**

If you have more than one child participating in the League, would you prefer they play on the same team?

Yes \_\_\_ No \_\_\_ (Not all request can be granted.)

Names of Children: \_\_\_\_\_