



## Riverside Junior Vikings Football & Cheer Organization Contact Form

Child Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child Size:

Shirt: \_\_\_\_\_ Pants \_\_\_\_\_

Shoes: \_\_\_\_\_ Socks: \_\_\_\_\_

Does your child have any medical or pre-existing conditions the organization should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please fill out Medical Authorization Form.

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To be filled out by Organization Representative

FOOTBALL: Circle 1) A B C I AGE: \_\_\_\_\_

CHEERLEADING: (Circle 1) A B C I GRADE: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ PAID: Y N Date: \_\_\_\_\_

