



# RIVERSIDE JUNIOR VIKINGS

## Football & Cheer Organization

### Contact Form

Child's Name:

\_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address:

\_\_\_\_\_

Parent(s) Name(s):

\_\_\_\_\_

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

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

Child's 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 the Medical Authorization Form.*

### To be filled out by Organization Representative:

Football: (Circle)    A    B    C    I    Age (as of May 1): \_\_\_\_\_

Cheerleading: (Circle)    A    B    C    I    Grade (2025-2026): \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_    PAID: Yes / No    Payment Method: Cash / Check / Venmo

Board Member Initials: \_\_\_\_\_    Date: \_\_\_\_\_