RJV COPY

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: _____

V. 2025.03.26 CF