



# GREAT FALLS RECREATION

## Football Sign-Up Form



**Flag: \$40 Tackle: \$60 (\$30 for each additional sibling)**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Has your child played football before? \_\_\_\_\_ DOB: \_\_\_\_\_

(Check One based on proposed age on September 1<sup>st</sup>)

\_\_\_\_\_ 5-6 (Flag) \_\_\_\_\_ 7-8 (Flag) \_\_\_\_\_ 9-10 (Tackle) \_\_\_\_\_ 11-12 (Tackle)

Child's current approximate weight lbs. \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address (including city & zip) \_\_\_\_\_

Mother's: Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's: Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

List any medical or physical condition(s) or restrictions (such as asthma):  
\_\_\_\_\_

**Birth Certificate:** All participants must provide a copy of their official birth certificate at the time of registration. Your child will not be able to participate without a copy of his/her birth certificate on file.

**SPECIAL NOTE:** GFR will provide each athlete with all equipment necessary except for cleats. Each athlete will need to provide their own cleats. Tackle football athletes will be leasing at no charge, all football equipment including Helmet, Shoulder Pads, and Pants. These items are to be returned at the end of the season. There will be charges assessed for lost or missing equipment. Helmet replacement cost = \$200. Shoulder Pad replacement cost = \$75. Pants replacement = \$40.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cut-off Date: Registration ends August 16<sup>th</sup>, 2024.**

I would like to serve as a COACH \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

I would consider coaching if my child's team does not have a coach. Please contact me at \_\_\_\_\_

**Contact Great Falls Town Hall to sign up or for more information.**

Call: 803-482-2055 – Text: 1-839-240-4721 – Email: [gfrecreation@truvista.net](mailto:gfrecreation@truvista.net)

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### Office Use Only

FEE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ RECEIPT # \_\_\_\_\_