



San Francisco Vikings U15 & Up League

"Skill Development and Sportsmanship"

2521 Judah Street • San Francisco, CA 94122 • (415) 753-3111

PLAYER REGISTRATION FORM

USE BALLPOINT PEN AND PRINT FIRMLY AND LEGIBLY. ALL ITEMS ARE REQUIRED.

FIRST NAME	LAST NAME	PHONE	
MAILING ADDRESS		CITY	ZIP CODE
AGE GROUP**	GENDER: BOYS GIRLS	SCHOOL	
*PLAYER'S E-MAIL ADDRESS	PLAYING EXPERIENCE/NUMBER OF SEASONS 1 2 3 4 5 more than 5		
What team and/or coach did player play for last season?			
Player requests to be placed with these other players (NO guarantee that you will be placed with them) .			
#1:	#2:	#3:	

PARENTS INFORMATION

GUARDIAN #1 NAME	GUARDIAN #1 PHONE NUMBER	*GUARDIAN #1 E-MAIL
GUARDIAN #2 NAME	GUARDIAN #2 PHONE NUMBER	*GUARDIAN #2 E-MAIL

MEDICAL INFORMATION

Does player have any allergies or physical limitations? If yes, describe below.
Do you have a family doctor or preferred hospital for medical treatment? If yes, describe below.

MEDICAL CONSENT

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the well-being of my dependent.

Parent's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

*** E-mail address of at least one guardian is required for league communications.**

**** Age Group: Please look at this carefully. If you get this wrong, your team will be placed in the wrong age group.**

FEE: \$25 PER PLAYER