

BELCHERTOWN-GRANBY EAGLES



Belchertown-Granby Eagles Youth Football Organization

P.O.Box 1199

Belchertown, MA 01007

www.belchertownfootball.org

Player Contact Information

Player's Name (please print): _____

Do you want weekly flyers sent home:

with player

email address: _____

Father's Name (or Guardian) _____

Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Mother's (Guardian) Name: _____

Address (if different than above): _____

Phone #: _____ Cell #: _____

Email Address: _____

Emergency Contact Person (Other than parent): _____

Phone #: _____ Cell #: _____

Medical Information:

Any known environmental or medication Allergies: _____

Any known medical conditions: _____

Medications taken regularly: _____

Parent/Guardian Signature

Date

The S.A.F.L. provides insurance coverage on your child, which is included in the League Registration Fee. The insurance policy agreement states that there is a \$250 deductible to be met. This coverage is only while practicing and playing with the Belchertown Granby Eagles Youth Football Organization during the season you are registered.