



HUDSON P.P.A.L.

Football: _____ Cheerleading: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____

MEDICAL CONDITIONS: _____

PAYMENT RECORDS:

Receipt # / Cash or Check / Amount Paid / Date

Receipt # / Cash or Check / Amount Paid / Date

Receipt # / Cash or Check / Amount Paid / Date

Receipt # / Cash or Check / Amount Paid / Date

DOCUMENTS RECEIVED:

Birth Certificate: _____

Physical: _____

Drivers License: _____

Utility Bill: _____

Mapquest: _____

I understand that all registration fees must be paid in full by July 18th in order for my child to receive equipment and participate in practice and games.

Parent/Guardian Signature

Date