



Registration Form

Player's Last Name _____ Player's First Name _____

Grade entering in fall _____ Date of Birth _____ Age _____ Weight _____

Parent(s) / Guardian _____

Address _____

Home Phone _____ Work / Cell Phone _____

Email Address _____

Person to Contact in case of emergency:

Name _____ Relationship _____

Address _____

Home Phone _____ Work / Cell Phone _____

Medical Information:

Insurance Name _____ Policy # _____

Physician Name: _____ Phone _____

Medical Release Approval:

I understand that Dover Little Green Staff and Program, will not be liable or responsible for accidents and medical or dental expenses incurred as a result of participation in the Dover Little Green Football program. In the event of injury or illness, Dover Little Green staff has my permission to seek any emergency medical treatment deemed necessary.

Parents / Guardian Signature _____ Date _____

Parent / Player Agreements / Registration Fees:

The registration fee for the program is \$125.00, which includes the \$5.00 for Dover Recreation fund and \$5.00 for the High School facility fee.

Football cleats and an athletic supporter are items each player must have by the first practice or if they are attending a camp. The league will provide the uniform, pads, helmet and mouth guards for each player.

Refund Policy – A \$75.00 refund will be reimbursed to player prior to the first scheduled game. After the regular season begins there will be no refund of registration fees.

Registration Fee Paid in full on _____ Check # _____

Note: If you are paying via mail please send a check, made out to Dover Little Green Football and send with this completed form to:

Coach Martinelli, Dover Little Green Football, 1 Meridian Dr, Dover NH 03820

Equipment Agreement:

I, _____, shall be responsible for the equipment (helmet, pads, jersey, & pants) provided to me during the DLG season and will return all equipment assigned to me in good condition. I understand that if the equipment is not returned or damaged by means other than normal wear and tear, I will be responsible for the replacement cost.

Player Signature _____ Date _____

Parents / Guardian Signature _____ Date _____

Fundraising / Volunteer Commitments:

Tagging – Each player is required to tag three (2 hour) shifts. Buy-out is \$25 per shift if a player is unable to tag on scheduled dates. A charge of \$50 will be assessed for those who register to play after the tagging dates. This Fee must be paid before the player’s first game.

All players are required to tag or buy-out their shifts and participate in football calendar sales. The league relies on fundraising to support our team and to enable us to play on our fields and use the facilities.

Each family is expected to participate in volunteering a minimum of two home game shifts per season. Sign-ups forms will be available at the first mandatory parents / players meeting.

Player Signature _____ Date _____

Parents / Guardian Signature _____ Date _____