



2023 Fontana SkyHawks Football Player REGISTRATION FORM

Player's Name: _____ Returning Player: YES NO

Birthdate: _____ Player's Age (as of July 30, 2023): _____ Player's Weight: _____

Where did your child play last year? _____ Division Played in 2022: _____

School: _____ Grade: _____

Primary Parent/Guardian Name: _____ Phone #: _____

Parent Email: _____

Home Address: _____

City: _____ Zip Code: _____

Emergency Contact Information:

Name: _____ Phone #: _____

Address: _____

I acknowledge that the PLAYER'S CONTRACT FORM must be filled out only by a parent or guardian. The parent MUST be listed as a birth parent, unfortunately step-parents are not able to complete this form. Also, guardians must provide legal guardianship papers.

Parent Signature: _____

How did you hear about Fontana SkyHawks? _____

NOTE: ALL FEES NEED TO BE PAID BEFORE AUGUST 1, 2023 – NO EXCEPTIONS



Address Verified By: _____