DEER LAKES TOUCHDOWN CLUB
P.O. BOX 0097
RUSSELLTON, PA 15076-0097
www.deerlakestdclub.com

PLAYER INFORMATION

Player: _____ **Grade** (upcoming season)**:** _____

Date of Birth: _____ **Food Allergies:** _____

Circle one: **Shirt size -** S M L XL 2X 3X **Shorts Size -** S M L XL 2X 3X

** Please indicate primary residence if parents are separated or divorced. **

Mother/Guardian (first & last name)**:** _____

Address: _____ **Cell Phone:** ( )_____

_____ **Home Phone:** ( )_____

Email: _____

Father/Guardian (first & last name)**:** _____

Address: _____ **Cell Phone:** ( )_____

_____ **Home Phone:** ( )_____

Email: _____

PHOTOGRAPH CONSENT:

☐ **I verify that I am the parent/legal guardian of the Deer Lakes Football Player listed above. I grant permission to use photos of my child, listed above, which may be taken during participation in official team related activities for publication/reproduction (print/electronic/broadcast/website) in Deer Lakes School District media and DLTC publications.**

Signature: _____ **Printed Name:** _____

Date: _____ **Relationship to player:** _____