

# INDIANA ELITE ALL STARS 7V7 REGISTRATION FORM

## ATHLETE INFORMATION

Player Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Age: \_\_\_\_\_

Grade (Fall 2026): \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Position(s): \_\_\_\_\_

Secondary Position(s): \_\_\_\_\_

Top 3 Numbers Wanted: \_\_\_\_\_

T-Shirt / Jersey Size (Circle One):

YS YM YL AS AM AL AXL

Shorts Size (Circle One):

YS YM YL AS AM AL AXL

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## PARENT / GUARDIAN INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Communication:

Text  Email  Phone Call  Team App

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**EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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**MEDICAL INFORMATION**

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Does the athlete have any medical conditions?  Yes  No

If yes, please explain (asthma, diabetes, allergies, etc.):

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Allergies (food, medication, insect, etc.):

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Current Medications:

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Physical Limitations or Prior Injuries:

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**PARTICIPATION WAIVER & LIABILITY RELEASE**

I, the undersigned parent/guardian, give permission for my child to participate in the youth 7-on-7 football program. I understand that participation in athletic activities involves risk of injury. I assume all risks and agree not to hold the team, coaches, volunteers, facilities, or organizers liable for injuries that may occur during participation.

I certify that my child is physically fit to participate and has no medical conditions that would prevent safe involvement unless noted above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency, I authorize team officials to obtain medical treatment for my child if I cannot be reached immediately.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## CONCUSSION & SAFETY ACKNOWLEDGEMENT

I acknowledge that I have received information regarding concussion awareness and understand the importance of reporting symptoms immediately.

**Parent/Guardian Initials:** \_\_\_\_\_

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## PHOTO / VIDEO RELEASE

YES, I give permission for my child's image to be used in team photos, videos, and promotional materials.

NO, I do not give permission.

**Parent/Guardian Signature:** \_\_\_\_\_

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## CODE OF CONDUCT AGREEMENT

I understand that players and families are expected to demonstrate good sportsmanship and respect toward coaches, officials, teammates, and opponents. Failure to follow team rules may result in disciplinary action.

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## REGISTRATION & FEES (\\$125)

**Registration Fee:** \$ \_\_\_\_\_

**Payment Method:**  Cash  Check  Card  Online

**Amount Paid:** \$ \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

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## **FOR OFFICE USE ONLY**

- Registration Form Complete
- Payment Received
- Birth Certificate Verified
- Physical Form Received
- Insurance Info Verified

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**Thank you for registering! We're excited for a great season!**