



## REGISTRATION

### PLAYER INFORMATION:

Player's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Male/Female \_\_\_\_\_

School Name \_\_\_\_\_ League and Team Name \_\_\_\_\_

Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Preferred Position \_\_\_\_\_

Number of Years Playing Organized Football (Flag or Contact) \_\_\_\_\_

T-Shirt Size(Circle One) YS(6-8) YM(10-12) YL(14-16) YXL(18-20) AS(36) AM(38-40) AL(42-44)  
AXL(46-48) AXXL(42-44) AXXXL(46)

Shorts Size (Circle One) YS(6-8) YM(10-12) YL(14-16) YXL(18-20) AS(29) AM(30-32) AL(34-36)  
AXL(38-40) AXXL(42-44) AXXXL(46)

Shoe Size (Circle One) 1 2 3 4 5 6 6.5 7 7.5 8 8.5 9 9.5 10 10.5 11 11.5 12  
12.5 13 13.5 14 15 16

Will you be purchasing a helmet for this season?            Yes            No

Will you be purchasing shoulder pads this season?            Yes            No

Will you be purchasing cleats this season?            Yes            No

### REGISTER ME FOR WHICH SCHOOL? (Circle one or both)

Arvada/West Denver (7/24-7/26/2009)

Highlands Ranch/South Denver (7/30-8/1/2009)

**PARENT INFORMATION:**

Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relation to Player \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_\_\_ **I am enclosing a check for \$125 (Check payable to "Joel Klatt Football School, LLC")**

\_\_\_\_\_ **Please bill my credit card for \$125** Circle one: **Visa** **MasterCard** **Discover**

**Card #:** \_\_\_\_\_ **Name on Card:** \_\_\_\_\_

**Expiration Date (Month/Year)** \_\_\_\_\_

**PLEASE MAIL OR FAX THIS FORM WITH PAYMENT TO:  
Joel Klatt Football School LLC, PO Box 270397, Louisville, CO 80027  
FAX: 303-482-2764**