



Players Personal Contract

Legal Name of Participant (must match birth certificate)

Last _____ First _____ Middle _____

Also known as _____

Address _____

City _____ State _____ Zipcode _____

Phone No: _____ Birth Date _____

Gender: _____ Male _____ Female

Sport: _____ Football _____ Cheer

School: _____ Grade Level _____

Grade Point Average: _____ Alternative Form Participant: _____

(must meet Scholastic Fitness Requirement of 2.0/70% or else fill out Alternative Scholastic Form)

Mailing Address if different from above:

City _____ State _____ Zip _____

Name of Parent/Guardian _____

Relationship to Athlete: _____

Address (if different from above) _____

City _____ State _____ Zip code _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian can not be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or work No: _____

Stephen Braggs Youth Foundation Inc Official Use Only:

Witnessed By: _____

Participant Fees

Amount Paid \$ _____

Type of Transaction: _____ Cash _____ Check _____ Credit Card _____ Other(explain)

Proof of Age verified? _____ Yes _____ No

Birth Certificate _____ Yes _____ No _____ Other

