



DEL VAL DAWGS 2011 CHALLENGER PROGRAM REGISTRATION FORM



****Challenger is a Pop Warner Little Scholars program for Special Needs Children with the voluntary help of Professionals from Del Val Regional High School****

CHILD'S INFORMATION

Child First Name _____ Middle _____ Last _____

Child Date of Birth ____/____/____ Gender (circle one) Male Female

(Circle one): Challenger Cheer Challenger Flag Football Cost - \$50.00 per Child

Please attach any information about your child that you feel is important for us to know in order to provide the best and safest experience possible for your child.

MISCELLANEOUS INFORMATION – optional

Are you in a vocation that you think might benefit the DAWGS, if so what _____

List any skills that would benefit the DAWGS (CPR, First Aid etc.) _____

Mother's Month and Day of Birth ____/____ MM/DD (used for unique player identification only)

Municipality _____

GUARDIAN'S INFORMATION

Name _____ Relationship _____

Address _____

Primary Phone _____ Work _____ Cell _____

Email Address _____

Second Guardian

Name _____ Relationship _____

Address _____

(IF DIFFERENT FROM ABOVE)

Primary Phone _____ Work _____ Cell _____

Email Address _____

****Please Mail to the following Address: Del Val Dawgs, PO Box 547, Pittstown, NJ 08867**

DEL VAL DAWGS USE ONLY

Date Received _____ by _____ Registration Number _____
Registration Fee \$ _____ Check # _____ Work Bond \$ _____ Check # _____

Documents Received:

Birth Certificate	N/A	YES	NO	2011 Physical/Medical	YES	NO
Photo		YES	NO	Parent Contract/Consent	YES	NO
Report Card		YES	NO	Code of Ethics	YES	NO