



**Sunland Sundevils Sports Group Inc**  
12855 S. Dixie Hwy, Miami, FL 33156



Registration Form: Football  Flag  Cheer  Conditioning

**Participant Information - PLEASE PRINT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female  
 Circle One

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

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_' \_\_\_\_\_" Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Report Card: Y or N

Returning Player: Yes New Yrs of Exp \_\_\_\_\_ Played Last Year At: \_\_\_\_\_

**Medical Information:** Primary Care Physician: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies and/or Medical Conditions: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Parent/Guardian Information:**

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**Equipment Return Policy:** I guarantee to return all equipment Football / Flag/ Cheerleading loaned to my child and accept responsibility for any loss and/or damage of said equipment. Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Fundraising Requirement Acknowledgement:** I understand that I must participate in the required fundraising for my child's team or pay an opt-out amount. If I select to pay the opt-out-fee it is due at the Fundraising deadline date TBD.

Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OPT OUT**  Yes  No

\*\$10.00 Late Fee assessed for All Late payments \* NO REFUNDS for Registration or Gear

**Parent / Legal Guardian Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Payment Information:**

*For Sunland Sundevils Representatives Only*

**Rep Initials** \_\_\_\_\_

Football	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>
Flag	<input type="checkbox"/>
Conditioning	<input type="checkbox"/>
Gear	<input type="checkbox"/>
<b>*Late Fees</b>	<input type="checkbox"/>
Total	<input type="checkbox"/>

Date

Paid	Amt Owed

(\$10 Late fees assessed for all Late Payments)

<b>Forms</b>	Check List
<b>Registration</b>	<input type="checkbox"/>
<b>Release &amp; Waiver</b>	<input type="checkbox"/>
<b>Code of Conduct</b>	<input type="checkbox"/>
<b>Covid-19</b>	<input type="checkbox"/>

Notes