

Warren County Midget Football League
2025 Football Season

Player Name: _____
Date of Birth: ____ / ____ / _____ Age: _____
Grade during 2025 football season: _____
Home Address: _____
City/State/Zip: _____
Parents' Name: _____
Contact Number: _____
Email: _____

Please check the team the player listed above played on last season (2024)

- | | |
|---|---|
| <input type="checkbox"/> Lambertville / New Hope Ramblers | <input type="checkbox"/> Steele Hill Bulldogs |
| <input type="checkbox"/> Lopatcong Panthers | <input type="checkbox"/> Voorhees Jr. Vikings |
| <input type="checkbox"/> North Warren Patriots | <input type="checkbox"/> Washington / Mansfield Outlaws |
| <input type="checkbox"/> Pohatcong Warriors | <input type="checkbox"/> Washington Twp. Panthers |
| <input type="checkbox"/> DeVal Riegel Ridge Rams | |

NONE OF THE ABOVE

I have the authority and grant permission for my child, the above listed player, to participate on the _____ Football team for the 2025 Season. I understand that a signed document dated within the 2025 calendar year indicating my child is medically cleared to participate in football is required.

Parent/Guardian Name

Parent/Guardian Signature