



ROME JUNIOR WOLVES

CAMPS & TRAINING SIGN-UP

Rome, GA • Youth Football & Cheer • romejr wolves.com • romejuniorwolves@gmail.com

2026 CAMPS & OFFSEASON TRAINING REGISTRATION

1 PROGRAM & DIVISION

PROGRAM: Football Cheerleading

DIVISION / AGE GROUP

SEASON

2 ATHLETE INFORMATION

ATHLETE FIRST NAME

ATHLETE LAST NAME

DATE OF BIRTH

GRADE (FALL '26)

SCHOOL

GENDER

Male Female Prefer not to say

JERSEY SIZE

RETURNING PLAYER?

Yes No

YRS EXPERIENCE

3 PARENT / GUARDIAN

PARENT / GUARDIAN FULL NAME

RELATIONSHIP TO ATHLETE

MOBILE PHONE

EMAIL

STREET ADDRESS

CITY

STATE

ZIP

SECOND GUARDIAN (OPTIONAL)

THEIR PHONE

4 EMERGENCY & MEDICAL

EMERGENCY CONTACT NAME

EMERGENCY PHONE

RELATIONSHIP

ALLERGIES / MEDICAL CONDITIONS WE SHOULD KNOW ABOUT

PHYSICIAN NAME & PHONE (OPTIONAL)

5 AGREEMENTS & SIGNATURE

Acknowledgment of Risk & Liability Waiver. I understand that participation in tackle football and cheerleading involves inherent risks of injury. I consent to my child's participation in Rome Junior Wolves camps and offseason training, authorize emergency medical treatment if I cannot be reached, and release the Rome Junior Wolves, its coaches, and volunteers from liability to the fullest extent permitted by law. *Program: replace this paragraph with your organization's official waiver language before distributing.*

I have read and agree to the Liability Waiver above.

My family agrees to the Junior Wolves Code of Conduct. I allow photos/video of my athlete for team promotion (optional).

PARENT / GUARDIAN SIGNATURE

DATE

Return this form at training (Tue & Thu, 6-7 PM • 406 Riverside Pkwy NE, Rome, GA) or sign up online at romejr wolves.com.