

## Fort Smith Boys & Girls Clubs

Administrative Office • 4905 North "O" St. • Fort Smith, Arkansas 72904 • (479) 782-7093 • Fax (479) 782-0842 • www.fsbgc.org

| FOOTBALL HELMET LEASE FORM  |   |                  |                          |
|---|---|------------------|--------------------------|
| JEFFREY   | GOLDTRAP                                      | STEPHENS         | EVANS                    |
| DATE  | MEMBER CARD NO                                |                  | AGE                      |
| PLAYER NAME   |   |                  |                          |
| ADDRESS   |   |                  |                          |
| CITY/STATE/ZIP  |   |                  |                          |
| PHONE   | HELMET SIZE                                   |                  |                          |
|   |   |                  | (small / medium / large) |
| DUE TO  | A LIMITED QUANTITY, HEL<br>FIRST-COME , FIRST |                  | D ON A                   |
| CLUBS DURING THE FOOTBALL SEASON FOR A TOTAL OF \$10.00. FURTHER, I HEREBY AGREE TO PAY FOR A REPLACEMENT HELMET, AT A MINIMUM COST OF \$40.00 SHOULD THE LEASED HELMET BE LOST, STOLEN OR DAMAGED BEYOND WHAT IS CONSIDERED ACCEPTABLE WEAR & TEAR, WHILE THE HELMET IS IN MY CHILD'S POSSESSION. I UNDERSTAND THAT THE LEASED HELMET IS TO BE RETURNED TO THE FORT SMITH BOYS & GIRLS CLUBS, IMMEDIATELY FOLLOWING THE FINAL GAME OF THE SEASON.  |   |                  |                          |
| (Printed Name of Responsible F  | Party) (Date)                                 | (Signature of Re | esponsible Party)        |
| The Fort Smith Boys & Girls Clubs FOOTBALL EQUIPMENT POLICY states that it is the responsibility of parents / guardians to provide helmets for players. The FSBGC cannot be responsible for providing helmets for players beyond the limited quantity of available leased helmets. Once participant practices and/or plays, no refund will be given on helmet rental fee. Should the inability of anyone to provide a helmet prevent a child from participating, please contact the Unit Director.  Revised 9/1/14  (if requested)  FOR OFFICE USE ONLY |   |                  |                          |
| RECEIPT #   |   | CASH CH          | ECK #                    |
| Receipt of helmet rental for Staff inits  | ee. Date                                      | ` ,              | eck #<br>Amount \$       |