



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, HELMETS WILL BE LEASED ON A FIRST-COME , FIRST-SERVE BASIS.

I HEREBY AGREE TO LEASE ONE (1) HELMET FROM THE FORT SMITH BOYS & GIRLS 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 Party)

(Date)

(Signature of Responsible 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 CHECK # _____

Receipt of helmet rental fee. Date _____ cash (or) check # _____
Staff initials _____ Amount \$ _____