



# MOUNTVILLE YOUTH ATHLETIC ASSOCIATION 2010 FOOTBALL REGISTRATION

**PARTICIPATION FEE SCHEDULE** \*Family maximum registration charge per sport season is \$ 120.00, regardless of the number of participants.

Flag Football	\$25.00 *	Football Clinic	\$10.00
Football	\$60.00 *	Mandatory Raffle Fundraiser	\$50.00

**PARTICIPANT INFORMATION** (BIRTH CERTIFICATE REQUIRED IF FIRST YEAR PLAYER)

<b>Participants Name:</b>	<b>Birth Date:</b>
<b>Address:</b>	<b>Phone:</b>
<b>City:</b>	<b>Zip:</b>
<b>Last Year's Team:</b>	<b>Boro or Township:</b>

<b>Father's Name</b>	<b>Father's Info:</b> (if different from above)
<b>Address:</b>	<b>Phone:</b>
<b>City:</b>	<b>Zip:</b>
<b>Employer:</b>	<b>Occupation:</b>
<b>Work Phone:</b>	<b>Email Address:</b>

<b>Mother's Name:</b>	<b>Mother's Info:</b> (if different from above)
<b>Address:</b>	<b>Phone:</b>
<b>City:</b>	<b>Zip:</b>
<b>Employer:</b>	<b>Occupation:</b>
<b>Work Phone:</b>	<b>Email Address:</b>

I can assist in the following: (circle as many as you like)

- |              |          |            |            |             |                  |
|--------------|----------|------------|------------|-------------|------------------|
| Grounds crew | Team Mom | Announcing | Scoreboard | Fundraising | Concession Stand |
|--------------|----------|------------|------------|-------------|------------------|

**CONSENT**

I / We give permission for my son / daughter (print name) \_\_\_\_\_ to participate in the MYAA Football Program and request the above stated player participate in the organized sports program of the MYAA, and in consideration of such participation and intending to be legally bound hereby, said parent and/or guardian of player acknowledges that player will participate in the MYAA and all games and practices incident thereto and be using said facilities at his/her own risk and said parent and/or guardian of player on his own behalf hereby releases, discharges, holds harmless and indemnifies the MYAA and it's successors, assigns, coaches, and officers from all liability for injury to the person or property of the minor child, his heirs or assigns. This release and indemnification shall be binding upon parent and/or guardian, his spouse, heirs, and legal representatives

**Signature of Parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATHLETE EMERGENCY INFORMATION**

In case of emergency, illness, or accident to the athlete listed above, the MYAA is authorized to proceed as indicated below:

**Hospital Preference:** \_\_\_\_\_

**List other desired procedures:** \_\_\_\_\_

**List any allergies or other medical conditions to be noted :** \_\_\_\_\_

**Athlete's Primary Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

In the event of an emergency I/We grant permission to the attending physician to hospitalize, secure proper treatment for and order anesthesia, or surgery for my child

**Signature of Parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input checked="" type="checkbox"/> <b>Appropriate Request</b>	<b>FORM OF PAYMENT (FOR MYAA USE ONLY)</b>
<input type="checkbox"/> <b>Flag Football \$25.00</b>	<b>Circle: Check or Cash</b> <b>Check #</b> _____ <b>Total \$</b> _____
<input type="checkbox"/> <b>Football \$60.00</b>	
<input type="checkbox"/> <b>Raffle \$50.00</b>	<b>Received by:</b> _____
<input type="checkbox"/> <b>Clinic \$10.00</b>	