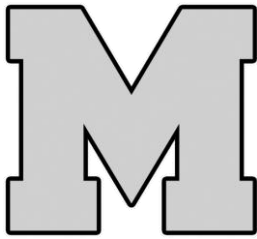


2017 SQUAD



Mountville Youth Athletic Association

2017 Football Registration	Team	Age (prior to Sept 1)	Weight
	A-Team	12,13,14	160
	B-Team	10,11,12	140
	C-Team	8,9,10	115
	D-Team	7,8	95

PARTICIPATION FEE SCHEDULE *Family maximum registration charge per sport season is \$ 300.00, regardless of the number of participants.

Flag Football \$40.00 * Football \$120.00 *

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

Participants Name: _____ Birth Date: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Last Year's Team: _____ Boro or Township: _____

Father's Name _____ Father's Info: *(if different from above)*
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Employer: _____ Occupation: _____
 Work Phone: _____ Email Address: _____

Mother's Name: _____ Mother's Info: *(if different from above)*
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Employer: _____ Occupation: _____
 Work Phone: _____ Email Address: _____

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"/> Appropriate Request	FORM OF PAYMENT (FOR MYAA USE ONLY)		
<input type="checkbox"/> Flag Football \$40.00	Circle: Check or Cash	Check # _____	Total \$ _____
<input type="checkbox"/> Football \$120.00			

Received by: _____