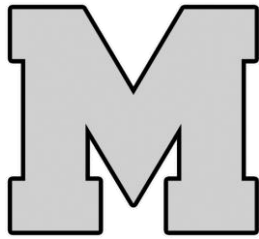


2018 SQUAD



# Mountville Youth Athletic Association

2018 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 all fees are non-refundable.

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. Failure to return all equipment will result in fee of \$300 payable to MYAA. Football commissioner has all authority for discipline and release of players due to player / parent behaviors.

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: \_\_\_\_\_

**FORM OF PAYMENT (FOR MYAA USE ONLY)**

Appropriate Request

- Flag Football \$40.00
- Football \$120.00

Circle: Check or Cash      Check # \_\_\_\_\_      Total \$ \_\_\_\_\_

Received by: \_\_\_\_\_