

ACTIVITY
<input type="checkbox"/> CHEER
<input type="checkbox"/> FLAG
<input type="checkbox"/> FOOTBALL
AGE ON
9-1-09: _____

2009 FOOTBALL & CHEER REGISTRATION FORM

Mid-Tex Youth Football League

DIVISION
<input type="checkbox"/> FLAG
<input type="checkbox"/> FRESHMAN
<input type="checkbox"/> Jr. VARSITY
<input type="checkbox"/> VARSITY

PLAYER INFORMATION: (Please Print or Type)

_____ / _____ / _____
Legal Name (Last, First, MI) must match Birth Certificate **Date of Birth** **Association**

_____ _____ _____
Street Address **City** **Zip**

_____ - _____ _____
Name of Legal Parent/Guardian - Relationship **E-mail**

_____ _____ _____
Day Phone A/C + Number **Evening Phone A/C + Number** **Emergency Contact - Relationship A/C + Number**

_____ _____
Secondary Emergency Contact - Relationship A/C + Number **Doctor Contact - Name A/C + Number**

_____ / _____
School for 2009-2010 school year **Grade** **Previous Organized Football Experience (if any)**

List Medical Problems Or Prohibitions Registrant Has:

PHYSICAL: Y N **BIRTH CERTIFICATE:** Y N **PROOF OF RESIDENCY:** Y N **WAIVER:** N/A Y

Other Family Members Participating This Season:

Name: _____	Flag / Football / Cheer	AGE: _____
Name: _____	Flag / Football / Cheer	AGE: _____
Name: _____	Flag / Football / Cheer	AGE: _____

PARENT SUPPORT: (Please Circle One Or More) **Head Coach** **Asst. Coach** **Team Mom/Assistant**
Association Officer **League Officer** **EMT/First Aid** **Sponsor** **Equipment** **Concessions**
Fundraising **Web Master** **Awards** **Spirit Items** **Committee Chair/Member** **Other**

CONSENT FOR MEDICAL TREATMENT (MINOR)

By my execution, freely given as provided below, I, as the legal parent/guardian of the above named Minor(s), do hereby give my consent for emergency medical care prescribed by any licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions exist and are necessary, in the sole opinion of the aforementioned Doctor of Medicine or Doctor of Dentistry, to preserve the life, limb or well being of my dependant.

INDEMNIFICATION

I, the Legal Parent/Guardian of the above named child, hereby give my approval to his/her participation in any and all MYFL Flag/Football/Cheer activities during the current season. I understand that football as well as cheerleading is a dangerous sport/activity that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby, waive, release, absolve, indemnity and agree to hold harmless the Mid-Tex Youth Football League, Inc., the Association, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.

_____ _____
Signature of Legal Parent/Guardian **Date**

Fees Paid:\$ _____ CASH or CHECK No: _____ PYMT RECD By: _____ Date: _____