

# Madison Youth Football- 2015 Registration

May 23<sup>rd</sup> & June 13<sup>th</sup> 9am-12pm at the Madison Fieldhouse

Please check out our Facebook page @ Madison Rams Youth Football

<p>*Child <b>MUST</b> be entering 1<sup>st</sup>-3<sup>rd</sup> grade for <b>FLAG FOOTBALL</b> *Registration fee for flag- \$35</p> <p>*Child <b>MUST</b> be entering 4<sup>rd</sup>- 6<sup>th</sup> grade for <b>TACKLE FOOTBALL</b> *Registration fee for tackle: 1<sup>st</sup> child- \$80/ each additional- \$60</p>	<p><u>Association Use Only</u></p> <p>Date Registered: _____</p> <p>Cash: _____</p> <p>Check #: _____</p> <p>Amount: _____</p>
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Please circle:    MIFFLIN    EASTVIEW    MADISON SOUTH    MIDDLE SCHOOL

T-Shirt:    YS    YM    YL    YXL    S    M    L    XL

GRADE FOR 2015/2016 SCHOOL YEAR:    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>

CHILD'S NAME: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIN PHONE #: \_\_\_\_\_ SECONDARY # \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ CURRENT WEIGHT: \_\_\_\_\_

## Emergency Information (must be filled out to participate)

NAME and # of emergency contact person if parent is unavailable:

\_\_\_\_\_

MEDICATION taken regularly, if any: \_\_\_\_\_

MEDICAL or PHYSICAL problems, if any: \_\_\_\_\_

NAME & PHONE # of child's physician: \_\_\_\_\_

## Parental Authorization

I, parent or guardian of \_\_\_\_\_, hereby give approval for his participation in any and all Madison Youth Football Association activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and so hereby waive any and all claims against the Madison Youth Football Association or its representatives on account of any accident or injury or other damages that may be incurred to \_\_\_\_\_ on said players property in connection with, or incidental to, the above named program.

I also grant permission to managing personal or other association representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should player become ill or injured while participating in association activities away from home when neither parent nor guardian is available to grant authorization for emergency treatment.

PARENT or GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_