



WOODBURY MIDGET FOOTBALL AND CHEERLEADING

Registration Form

Please complete one registration application for each participant All information is REQUIRED to be completed

Football Cheerleading New Returning

***Original Birth Certificates are REQUIRED FOR ALL NEW PLAYERS)**

PARTICIPANT INFO

4u Flag (Age 3&4) Pee Wee (Age 5&6) 8u (Ages 7&8 yrs)
 10u (Ages 9-10 yrs) 12u (Ages 11-12 yrs) 14u (Ages 13-14, can't be turning 15 before 11/1)

First Name _____ Last Name _____ Date of Birth _____
(AS IT APPEARS ON THE CHILD'S BIRTH CERTIFICATE)

Home Address _____ City _____ State _____

School Attending _____ Grade child going into: _____ **Age as of July 31** _____

PARENT/GUARDIAN INFO

Who does the child live with ? Mother Father Other Guardian Relationship _____

Parent First Name _____ Last Name _____ Cell Number _____

Primary Contacts Email _____

EMERGENCY CONTACT

Name _____ Relationship to participant _____ Cell Number _____

MEDICAL INFO

Pediatrician/ Doctor _____ Any Current Medical Condition _____

Health Insurance _____ ID# _____

***ANY KNOWN ALLERGIES?** NO YES **IF SO TO WHAT?** _____

LIABILITY INFO

*We the parents of the above named child hereby give my/our approval for him/her to participate in any and all Woodbury Midget/Tri County Midget Football League activities. I/We assume all risks and hazards incidental to such participation to and from the activities. I/We know that participating in football or cheerleading may result in serious injury to my/our child and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Woodbury Midget Football Assoc, Tri County Midget Football, the organizer, sponsors, supervisors, coaches, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

*In case of emergency I/We authorize the above named participant to be treated if necessary in the event that I/We are not available at the time of injury. I/We do consent for my/our child to be treated by an available physician, emergency response team, medical staff personnel authorized by Woodbury Midget Football Assoc., and any of its member teams.

*I/We agree to pay all associated fees to the Woodbury Midget Football Assoc. Before the above named child will be able to receive any equipment that will be needed to participate in any football/cheerleading activities.

Please be aware that there will be a \$35 returned check fee charged on any check that is returned to the Woodbury Midget Football Association.

I also acknowledge that the equipment listed checked out to my athlete is the property of Woodbury Midget Football Association (WMF) and that I am obligated to return the equipment at the end of the season. I acknowledge that if I fail to return the equipment described or if the equipment is damaged (except what is deemed by WMF as normal wear and tear), that I shall be responsible to pay for the replacement cost of the equipment borrowed. For any helmet not returned back to the organization at the end of the season it will be considered as stolen property and we will file a report with the local police department and parents will be obligated to pay the cost of \$200 to replace the helmet.

Signature of Parent or Guardian _____ Date _____

*****NO REFUNDS WILL BE ISSUED AFTER AUGUST 1st NO EXCEPTIONS *****

*****DO NOT GO ANY FURTHER TO BE COMPLETED BY ORGANIZATION*****