For Internal Use Only:
Paid_____
Unpaid_____
Cash: _____
Credit: _____
Check #: _____

$300 Family Cap

Midview Youth Football
Registration Form

Participant Name: _____Date of Birth:___/___/___Entering Grade:_____

Mother's Name_____Phone #_____

Father's Name_____Phone #_____

Address: _____ City: _____ Zip Code: _____

Email: _____

HOSPITAL AUTHORIZATION AND EMERGENCY CONTACT INFORMATION

Should it be necessary, the coaches and/or officials have the authority to sign the necessary papers for medical treatment for my child. In case of injury, I prefer my child be treated by:

Doctor: _____ Phone: _____ Preferred Hospital: _____

Emergency Contact #1: _____ Relationship: _____ Phone: _____

Emergency Contact #2: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____

**NO CHILD CAN PRACTICE/PLAY TACKLE FOOTBALL WITHOUT AN UPDATED PHYSICAL ON FILE WITH THE LEYFL

INSURANCE INFORMATION

Insured Parent: _____ Employer's Name: _____

Insurance Company: _____ Policy # _____

** Midview Youth Football does NOT provide medical insurance. Any and all medical expenses for my child are my responsibility.

PLEASE READ CAREFULLY BEFORE SIGNING

We give our consent for the above named for participation in the Midview Football and Cheer Program. In consideration for permitting our child to participate in the activities conducted by Midview Youth Football, we release, waive, discharge, covenant, and relinquish any and all action or cause of action against Midview Youth Football, Lake Erie Youth Football League, promoters, officials, staff, coaches, and/pr volunteers for personal injury, death, and/or property damage occurring to our child as a result of engaging or receiving instruction in the activities conducted by this organization and those of Lake Erie Youth Football League. We further release all officials, officers, promoters, staff, coaches and/or volunteers from any claim whatsoever on account of first aid, treatment or services rendered to their child during participation in this organization. We agree to return all equipment, cleaned and in good condition to Midview Youth Football by the date notified. Failure to return equipment will result in a charge of $150.00

Parent/ Guardian Signature: _____ Date: _____

Options for Play: Select One

_____Flag Football- (K-2) $70.00   Shirt Size: ____YS ____YM ___YL __

_____Padded Flag Football- (Grades 3-4) $150

_____Rookie Football -(Grades 4-5)- $150

_____Varsity Tackle Football -(Grades 5-6)- $150

**All 3-6 graders will wear a fitted Healy jersey- this needs to be sized at equipment try-on dates to be announced

Uniforms will not be ordered until registration fees are paid in full

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Past Participant: Yes   No

Return to Same Team:
       Yes   No- (Enter into Draft)

Team: _____

Coach: _____

Special Requests:_____

Would you like to Coach?   Yes   No