

# Mankato North Mankato Youth Football (MNMYF ) Player Registration - 2010

**Return this along with payment choice form and registration fee to MNMYF.**

Player's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Player's Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
School Attending Now: \_\_\_\_\_  
School Attending Next Fall: \_\_\_\_\_  
Grade player will enter this Fall: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_  
Father/Guardian home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_  
Mother/Guardian home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_  
Previous Football Experience: \_\_\_\_\_  
Number of years: \_\_\_\_\_ Positions: \_\_\_\_\_  
Last year's Team: \_\_\_\_\_ Coach Name: \_\_\_\_\_  
Any physical ailments/ limitations of your child? Yes / No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

In order for MNMYF to be successful, we need all talents and resources available to us through our parents. Please indicate which of the following areas you will participate:

Coach       Asst. Coach       Team Manager       Phone Committee       EMT/Responder

Any remarks or special requests? \_\_\_\_\_

### MNMYF Disclaimer

As parents/guardians we state that to the best of our knowledge and belief, the information provided on this form is true, accurate and complete. We understand that this program is a tackle football program and involves certain risks of illness or injury to participants.

As parents/guardians we state that \_\_\_\_\_ (name of player) is physically fit to participate in the MNMYF tackle football program and consent to our child's participation in such program.

Knowing the risk of injury, as parents/guardians we do hereby agree to assume responsibility for any illness or injuries sustained by our child while practicing, playing, participating in, being transported, or involved in the activities under the jurisdiction of the Mankato North Mankato Youth Football league. We agree to assume all responsibility for and pay for all medical and hospital expenses incurred because of any illness or injuries incurred by our child as a participant in the MNMYF league. We release MNMYF's officers, directors, coaches, officials, representatives and volunteers, the Independent School District #77 Recreation Department, South Central Technical College, Mankato State University, and the cities of Mankato and North Mankato, Minnesota from any and all damages and liabilities sustained by our child or ourselves resulting from participation in the youth tackle football program.

By signing below you are agreeing to all terms listed on this page.

Father/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Entry deadline is June 15<sup>th</sup>, 2010**

Please contact Neil Kaus, MNMYF Director, with any questions- (507) 625-1100

**Mankato North Mankato Youth Football wants to thank its great sponsors!**