

MANKATO NORTH MANKATO YOUTH FOOTBALL REGISTRATION FORM

Return this completed form along with the payment choice form and registration fee by July 1st to:

MNMYF, P.O. Box 311, Mankato, MN 56001 (Please call Neil Kaus, MNMYF Director, at 507-625-1100 if you have any questions.)

Registration Fee: \$85.00

► **PLAYER INFORMATION** (please print)

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip Code: _____

School Attending Now: _____

School Attending Next Fall: _____ Grade Entering Next Fall: _____

Height: _____ Weight: _____

Does your child have any physical ailments and/or limitations? (Please check one) Yes No If Yes, explain: _____

► **PARENT/GUARDIAN INFORMATION** (please print)

Father/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Cell/Alternate Phone: _____

Email Address: _____

Mother/Guardian Last Name: _____ First Name: _____

Home Phone: _____ Cell/Alternate Phone: _____

Email Address: _____

► **SPECIAL REQUESTS/REMARKS**

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

Coach Asst. Coach Team Manager Phone Committee EMT / Responder

MNMYF Disclaimer

As parents/guardians we state 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 participant.

As parents/guardians we state that _____ (print 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, director, 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: _____

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

For MNMYF use only: Scholarship Partial Scholarship \$ _____ Amount Paid _____ Check # ____/____/____ Date Paid

East West _____ Other