

MARBLE FALLS YOUTH FOOTBALL & CHEER

2018 Fall Football Registration Form

(one form per participant)



PO Box 514, Marble Falls, TX 78654 • www.MFYFA.com

Payment Options

Online w/ Credit Card

Check by Mail

Cash or Check

www.mfyfa.com

PO Box 514, Marble Falls, TX 78654

in Person at Uniform Fitting (TBA)

Registrations received after June 2nd will NOT get number choice and will NOT have their name on jersey

Football \$175 (includes game jersey, game undershirt, team socks, and helmet decals). Early Registration fee of \$150 applies if received by May 20th!

NO REFUNDS AFTER JUNE 22nd!

Participant: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Participant's Date of Birth: _____ Grade & School in of Fall 2018: _____

Parent/Guardian #1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

email: _____

Parent/Guardian #2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor Name and Phone Number: _____ Preferred Hospital: _____

Insurance Carrier & ID #: _____ Allergies or Special Needs: _____

Mandatory Concession Opt Out I would like _____ I would not like to _____ opt out of concession duty for \$30

<input type="checkbox"/> Freshman (Kinder, 1st and 2nd Grade)	<input type="checkbox"/> Varsity 5th grade	Jersey Number Preference 1 _____ 2 _____ 3 _____
<input type="checkbox"/> Junior Varsity (3rd and 4th Grade)	<input type="checkbox"/> Varsity 6th grade	

All Football players will be expected to attend a uniform fitting to guarantee a proper fit. There will be several opportunities to attend a scheduled fitting please check our website www.MFYFA.com for details.

- Registration for MFYFC football is open to all children, grades K-6th. Registration will close June 1st. Spots are limited, registrants will be placed on waiting list if teams fill up.
- MFYFC will participate in the Hill Country Youth Football League composed of teams from the Texas Hill Country area.
- **Athletes may not participate until the following information is turned into the league: birth certificate, completed physical with a signature from a physician and signed registration.**
- I understand that I will need to participate in the approved MFYFC fundraiser.
- **Team Roster Information / Photo Release** I give Hill Country Youth Football League and Marble Falls Youth Football and Cheer permission to publish the following information to be distributed in team rosters of players/cheerleaders on my child(ren)'s team(s). This information WILL NOT be distributed to any persons or entities outside the organizations listed above. I hereby authorize the MFYFC to publish photographs taken of me and/or the participating minor child, and our names, for use in the MFYFC printed publications, public Facebook page and website.
- **INDEMNIFICATION** I, the Legal Parent/Guardian of the above named child, hereby give my approval to his/her participation in any and all MFYFC Football/Cheer activities during the current season. I understand that football and cheerleading can be dangerous sport/activity that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby, waive, release, absolve, indemnify and agree to hold harmless Marble Falls Youth Football and Cheer, the Association, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.
- **CONSENT FOR MEDICAL TREATMENT (MINOR)** By my execution, freely given as provided below, I, as the legal parent/guardian of the above named Minor(s), do hereby give my consent for emergency medical care prescribed by any licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions exist and are necessary, in the sole opinion of the aforementioned Doctor of Medicine or Doctor of Dentistry, to preserve the life, limb or well being of my dependent. In the event of injury or illness to my child, I hereby grant authorization to a qualified physician to render such medical attention as said physician deems necessary.

Parent/Legal Guardian Signature: _____

Date: _____

Official MFYFC Association Use only

Date Received: _____ Amount Paid: _____ Check#: _____ Cash: _____

Received By: _____ Fitted Jersey Size: _____ Fitted Pant Size: _____