



## **MHB Youth Football League**

### Spring Football Registration Form

- 1) Make checks for \$75 registration fee payable to MHB Gridiron Club
- 2) Registration Forms must be completed along with payment

### Player Information (Print legibly)

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

Parent/Guardian Email Address: \_\_\_\_\_

Grade Player will be spring 2021: \_\_\_\_\_ School: \_\_\_\_\_

**NO REFUNDS:** Equipment will be issued when FULL Registration payment is received. Players will NOT be allowed to participate in the MHBIF if payment is not made in full. If a check is returned NSF, a fee of \$35 will be added to your balance. Fees include rental of game helmet, shoulder pads, game jersey, game pants, belt, insurance, field usage and Refs. Uniforms and equipment are the property of MHBIF and must be returned within 10 days of the end of the season. I agree to pay the cost of any lost or damaged equipment issued to my child or me by MHBIF.

**Equipment:** Equipment must be returned at the end of the season, clean and in good working order. Failure to return gear within 10 days of the last game will result in a \$50 fee to be assessed. If the organization must retrieve the gear, an additional \$20 fee will be assessed. In the event a player quits or is removed from the team, his/her equipment must be returned within 10 days of the termination date. A \$5 per day late fee will be assessed if equipment is not returned during that time. By signing this form, I agree to these terms and also agree to pay for all recovery, attorney and collection costs incurred by the organization to recover the equipment and monies owed.

Player have health insurance? Y/N (Circle One) Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Number: \_\_\_\_\_

Does the Player have any significant medical issues? Please list:

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

I understand that MHBYP has not and does not carry medical insurance for participants. I understand that should it be necessary, any and all medical expenses for my child are my responsibility.

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING

We consent to our child's participation in the MHBYP program. In consideration for permitting our child to participate in the activities conducted by the MHB Youth Football, we release waive, discharge, covenant and relinquish any and all action or cause of action against the organization, promoters, officials, staff coaches and/or volunteers for personal injury, death or property damage occurring to our child as a result of engaging or receiving instruction in the activities conducted by this organization. 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.

During the course of the season games and events, your player may be photographed or recorded for memory and training purposes. This footage may also be used to publicize MHBYP through multiple media and social media avenues. By signing this document, you are giving the members of MHBYP organization permission to use these images.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Organization Use: Cash or Check    Check NO: \_\_\_\_\_ Amount Received: \_\_\_\_\_ MHBYP Rep Initials: \_\_\_\_\_

Player Weight: \_\_\_\_\_