

Monroe Woodbury Youth Football & Cheer League

PO Box 287

Monroe, NY 10949

www.monroefootball.com

Registration Form

(Please print clearly and fill in all information)

Date: _____

Players Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Childs Date of Birth: _____

School Child Will Attend On 9/Current Yr: _____

Phone: _____

Email: _____

Age on 11/01/Current Yr: _____

Grade on 9/Current Yr: _____

PARENT/GUARDIAN INFORMATION

Child lives with *(Circle One)* Mother Father Both Parents

Mother's Name: _____

Address: _____

Father's Name: _____

Address: _____

Mothers Phone #: _____

Mothers Cell #: _____

Father's Phone #: _____

Father's Cell #: _____

Emergency Contact/Relationship: _____

Emergency Contact/Relationship: _____

Emergency #: _____

Emergency #: _____

Any Allergies, Medications or Conditions: _____

PHOTO/VIDEO RELEASE

I/We give the MWYFCL permission to post pictures/video of my child/children on the MWYFCL website and/or post photos in the local newspapers and any other flyers or publications that directly relate to the organization.

Yes, I do agree, please initial _____

I/We the parents/guardians of the above-named candidate for a position on a youth football/cheer team, hereby give my/our approval to participate in any/all youth football/cheer activities. I/We assume all risks and hazards incidental to such participation including to and from the activities: I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Orange County Youth Football League & MW Youth Football & Cheer League, the organizers, board members, coaches, sponsors, managers and persons transporting your child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any cause, except to the extent, and in the amount covered by accident or liability insurance.

ALL PAPERWORK REQUIRED BY FIRST PRACTICE TO BE ELIBABLE TO PARTICIPATE IN THE OCYFL/MWYFCL PROGRAM.
NO EQUIPMENT WILL BE DISTRIBUTED UNTIL COMPLETE.

Parent or Guardian Signature: _____

A returned check fee of \$35.00 will be assessed. No Refunds

-----Official Use Only-----

FB or CH *(circle one)* Division: _____ Total Fee \$ _____.

(Check One)

Paid Via: **Cash** \$ _____ **Check** # _____ \$ _____ **Venmo** \$ _____.

Online via **CC** \$ _____ **IN FULL** **PP** _____

Verified By: _____