

MINGO CHIEFS YOUTH FOOTBALL REGISTRATION FORM

www.mingochiefs.com

* (Must be appropriate age as of July 15th in current year)

- Bantam (7-8)
 Junior Varsity (9-10)
 Varsity (11-12)

Please check box for the level your child will be playing.

Player's Name:		Phone:		Birth Date:	
Street Address:		City:		Zip:	

Parent 1 Name:		Phone:	
Parent 2 Name:		Phone:	
Emergency Contact:		Contact Phone:	
Family Physician:		Physician Phone:	
Allergies / Medical Conditions (if any):			
Insurance Company:			
We will be sending announcements and notices through email. Email Address:			
The Mingo Chiefs will not disclose personal information, including e-mail, address and phone information to any other party, except as required by law.			

I WILL PAY THE \$60 REGISTRATION FEE AND SELL 30 CANDY BARS.	
I WILL PAY THE \$60 REGISTRATION FEE AND THE \$15 CANDY BAR OPT OUT FEE.	

Parental Authorization - Medical Release

I, the parent or legal guardian of the above registered child, do hereby give approval for his/her participation in any and all activities of the Mingo Chiefs during the current season. I hereby grant my permission to managing personnel or other organizational representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in team activities away from home, or where neither parent nor legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless, the Mingo Chiefs Youth Football Organization, the organizers, sponsors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

In the event of any injury or illness in the course of a team activities, I authorize officials of the Mingo Chiefs Youth Football Organization to administer first aid and if necessary to transport my child to a duly licensed physician or hospital. I would prefer the physician listed above to be called; however if or when it is not possible, I authorize any licensed physician to administer emergency treatment.

Signature of Parent or Legal Guardian: _____ **Date:** _____

Make checks payable to: Mingo Chiefs Football. There will be a \$36.00 charge for all returned checks. NO EXCEPTIONS.

Mail checks / payments to: John McDonald 125 Valuska Dr. Mingo Jct., OH 43938

<i>Mingo Chiefs use only</i>			
Date: _____	Checked By: _____	Birth Certificate (Y/N): _____	
Registration Amount: \$ _____	Candy Opt out (Y/N): \$ _____	Total Paid: \$ _____	
Payment Method: _____			

* - Per Steel Valley League guidelines, all first year player registrations require a Birth Certificate copy for proof of age.

