



1st ANNUAL MINGO CHIEFS YOUTH FOOTBALL PP&K

July 19th 2009 @ DEANDALE FIELD MINGO JCT, OHIO 2:00PM

Participant's Name: _____ Birth Date: _____

Street Address: _____

City: _____ Zip: _____

Parent's Name: _____

Phone: _____

Emergency Contact: _____ Contact Phone: _____

Allergies / Medical Conditions (if any): _____

EACH PARTICIPANT WILL COMPETE IN THEIR AGE GROUP AND THE TOP THREE PARTICIPANT'S IN EACH AGE GROUP WILL RECEIVE AN AWARD. AGE GROUPS ARE 7-12 YEARS OLD AS OF JULY 19TH 2009. NO CLEATS OR SPIKES PERMITTED IN THE CONTEST. ENTRY FEE FOR THIS EVENT WILL BE \$10.00 PER PARTICIPANT

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 Punt Pass and Kick. 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 participant become ill or injured while participating in activities of this event 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 an injury or illness in the course of the Punt, Pass and Kick, 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 authorize any licensed physician to administer emergency treatment.

Signature of Parent or Legal Guardian: _____

"FOR ANY QUESTIONS OR DIRECTIONS CALL TERRANCE MONTGOMERY@740-275-7425"