

## MARYSVILLE JUNIOR FOOTBALL ASSOCIATION (MJFA) REGISTRATION

The purpose of the Marysville Junior Football Association is to provide Marysville area youths with the opportunity to play one of America's most popular and exciting team sports, better known as Tackle Football. The focus of the Marysville Junior Football Association is to provide all team members the opportunity to learn about teamwork, good sportsmanship, dedication, and how to work together as a team to accomplish a group goal while enjoying the game of football. A strong emphasis will be put towards making this a positive experience for both the youths and their families.

The football program will focus on teaching the youth's football fundamentals. Efforts will be made to make this the introductory step towards years of participation and enjoyment in Marysville football programs. Focus will also be given to assure that all team members are given the opportunity to participate.

I the undersigned parent/guardian of the named child give permission for my child to fully participate in the Marysville Junior Football Association Program with the understanding that this is a full contact, tackle football program. I understand that the cost for my child to participate is One Hundred Twenty Five (\$125) Dollars which includes cost of equipment (Helmet with mouth guard, Shoulder Pads, Jerseys, Pants with Pads and Socks) and insurance. *Additional sibling registration is One Hundred (\$100) each.* I also understand that all Board Members, Coaches, Game Officials and anyone else associated with the program will not be held responsible for any injuries my child may receive while participating in the program.

|          |       |     |
|----------|-------|-----|
| Address: |       |     |
| City     | State | Zip |

### Emergency contact name:

|           |          |
|-----------|----------|
| Phone No: | Cell:    |
| Work No:  | Addit'l: |

## MEDICAL RELEASE

**Parent or Guardian Authorization:** *In case of emergency, if I, nor the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, or ER Physician)*

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Alternate emergency contact:**

| Name | Phone (Work) | Relationship to Player |
|------|--------------|------------------------|
|      |              |                        |
|      |              |                        |
|      |              |                        |

**Please list any allergies / Medical Problems, including those requiring maintenance medication: (i.e. diabetic, asthma, seizure disorder)**

| Medical Diagnosis | Medication Dosage | Frequency of Dosage |
|-------------------|-------------------|---------------------|
|                   |                   |                     |
|                   |                   |                     |

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

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment)

**Date of last Tetanus Toxoid Booster:** \_\_\_\_\_

(Note: To be carried by any Team Coach together with Team Roster or eligibility affidavit at all practice/games)

**WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in football**

|  |  |
|--|--|
|  |  |
|--|--|

Printed name of guardian/parent

Authorized Signature of Guardian/Parent

|                          |     |    |   |
|--------------------------|-----|----|---|
| <b>Played last year:</b> | Yes | No | Sizing - Helmet _____ SP _____ (Jersey _____ Youth / Adult) |
| For official use only    |     |    |   |

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Check \_\_\_\_\_  
Cash \_\_\_\_\_  
Select \_\_\_\_\_  
DIVISION: \_\_\_\_\_  
4/5<sup>th</sup> \_\_\_\_\_  
6<sup>th</sup> \_\_\_\_\_  
7<sup>th</sup> \_\_\_\_\_