

MANCHESTER YOUTH FOOTBALL
FOOTBALL (FLAG) APPLICATION

K, 1ST

NAME OF PARTICIPANT _____

2009/2010 GRADE _____ SCHOOL _____ BIRTH DATE ____/____/____

ADDRESS _____ ZIP CODE _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

PARENT EMAIL _____ @ _____
List primary email address for all league correspondence.

SECONDARY EMAIL _____ @ _____
List secondary/additional parent email address for all league correspondence.

PARENT / GUARDIAN NAMES

Mother Phone Number, if different _____

Father Phone Number, if different _____

2009 MEMBERSHIP COSTS

FLAG FOOTBALL MEMBERSHIP – FEE \$55.00 IF PAID BY 6/6/08, \$65 AFTER 6/6/08

DEADLINE TO REGISTER IS 7/21/08

MAKE CHECKS PAYABLE TO: MYF

(Deduct \$10 flat fee per family for Multi-Child Discount in Program)

Mail Application, Photo Release, Copy of Recent Report Card and Medical Release Form To:

MYF P.O. Box 185, Clinton, OH 44216 ** if new to MYF, please include a copy of birth certificate

FOR MYF USE ONLY	PAYMENT RECEIVED: \$ _____	CHECK# _____	CASH _____
_____ PLAYER GUIDE RECEIVED	_____ RAFFLE TICKETS RECEIVED		

WAIVER FORM

The above signed player is hereby granted registration for one season which may be revoked for due cause at anytime. In consideration for accepting my entry I, intend to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the management, officers, or the coaching staff of Manchester Youth Football or any member of any team or any officer of Buckeye Youth Football Conference, it's representatives, successors and assigns for any and all injuries suffered by me at any practice, game or in traveling to or from any game, practice or any meeting of Manchester Youth Football or Buckeye Youth Football Conference, or any member teams.

Player Signature _____ Date _____

Parent and or Guardian _____ Date _____