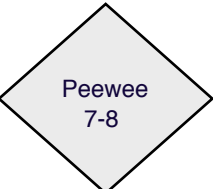
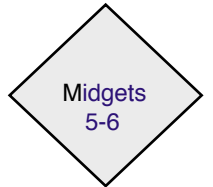
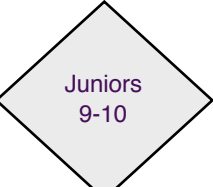


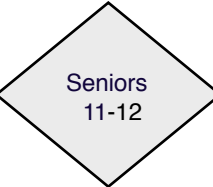
Players Name: (as on birth certificate) \_\_\_\_\_  
 Name Player Uses: (if different) \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Grade in Fall: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age(as of 5/31/08) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Sibling Name(if participating MCYA) \_\_\_\_\_ Ages: \_\_\_\_\_



Mothers Name: \_\_\_\_\_ Home Phone (If different) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

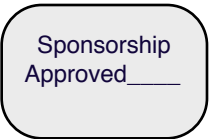


Dads Name: \_\_\_\_\_ Home Phone(if different) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



Emergency Contact (if parent cannot be reached): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you interested in volunteering for any of the following for your child's team?  
 Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_ Chain Crew: \_\_\_\_\_



Jersey Size: \_\_\_\_\_  
 T-shirt Size: \_\_\_\_\_

Allergies: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_

If your child participated last season who was your coach: \_\_\_\_\_  
 Do you think they did a good job? \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**  
 JAN 1, 2009 - DEC 31, 2009

The undersigned acknowledges and agrees that the Madison County Youth Association, its members, officers, and agents, the Madison County Rec. Dept. , its members, employees, and agents assume no responsibility for personal injuries and/or property damage which might be suffered by the family member(s) during any and all participation and do hereby expressly release the Madison County Youth Association, its members, officers and agents, the Madison County Rec. Dept. its members, employees and agents, from any and all liability relating to any such injuries and/or damage.

The undersigned further acknowledges that he/she agrees to adhere to all rules and regulations governing MCYA, as set forth in the MCYA By-Laws, Madison County Rec. Dept. Code of Conduct and GAFL By-Laws.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(LEAGUE USE ONLY)

Football Reg. Fee(s) \_\_\_\_\_  
 Cheer Reg. Fee(s) \_\_\_\_\_  
 Pre-Paid Camp \_\_\_\_\_  
 Cheer Uniform(s) \_\_\_\_\_  
 Balance Due: \_\_\_\_\_  
 Coupon/Family Discount:- \_\_\_\_\_  
 New Balance: \_\_\_\_\_  
 Payment Amount: \_\_\_\_\_  
 Check # \_\_\_\_\_ Cash: \_\_\_\_\_  
 Balance Remaining: \_\_\_\_\_  
 Registered By: \_\_\_\_\_