

Paid _____  Weight _____
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## Morrie Miller Youth Tackle Football Sign-up Form

Student's name: \_\_\_\_\_ School attending: \_\_\_\_\_  
 Father: \_\_\_\_\_ Year in School (Fall of '10): \_\_\_\_\_  
 Mother: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Payment: yes \_\_\_\_\_ no \_\_\_\_\_ Check # \_\_\_\_\_ Financial assistance: \_\_\_\_\_  
 Team played on last year: \_\_\_\_\_

### Medical History:

Birth Deformities: (one kidney, one eye, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Conditions currently under treatment for: \_\_\_\_\_  
 \_\_\_\_\_  
 Pre-existing injuries under treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 Fractures or other disability-type injuries: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies(drug, food, asthma, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 Medical disorders or convulsions: \_\_\_\_\_  
 \_\_\_\_\_

I understand that the Morrie Miller Youth Tackle Football League, the Director and the coaches will not be held responsible for injuries or loss of property while the previously named participant is attending the camp and league activities. I do hereby release the M.M.Y.T.F.L., the League Director, and the coaching staff from all liability, including claims and suits in law or equity for any injury – fatal or otherwise. The signature below absolves the M.M.Y.T.F.L. of all responsibility for loss of personal property. Furthermore, I realize the risks involved for the participant. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as a result of treatment given to the previously mentioned participant for illness or injury while attending or subsequent to attending the MMYTFL. I hereby authorize the staff of the MMYTFL to act for me according to their best judgment in any emergency requiring medical attention.

Participant: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To Pre-Register your child complete this form and print and mail to:**

**Steve Kosidowski – League Director**  
 474 East 8<sup>th</sup>  
 Winona, MN 55987