

Paid _____ Weight _____



Morrie Miller Youth Tackle Football Sign-up Form

Student's name: _____ School attending: _____

Father: _____ Year in School (Fall of '11): _____

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 8th
 Winona, MN 55987