

MILFORD WARRIORS FOOTBALL & CHEERLEADING REGISTRATION FORM

[] Football Program [] Cheerleading Program

Athlete's Full Name _____ [] Boy [] Girl | Age on August 1st _____ Years Old

Date of Birth _____ Age _____ Weight _____ School _____

Address _____ City _____ Zip Code _____

Parent #1 Name _____ Home Phone _____

Employer _____ Work Phone _____

Email Address _____

Parent #2 Name _____ Home Phone _____

Employer _____ Work Phone _____

Email Address _____

PLEASE READ AND INITIAL

I, the parent/guardian of the above child, hereby give my consent to his/her participation in any and all activities of the Milford Youth Organization Inc. and Northwest Georgia Youth Football League Inc. during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. Furthermore, I do hereby waive, release and absolve, indemnity and agree to hold harmless the officers, organizers, sponsors, coaches, referees, and other general members of the Milford Youth Organization Inc and the Northwest Georgia Youth Football League Inc from any injury, whether to parent, child or spectators while participating in any activity of this organization. INITIALS _____

I fully authorize the irrevocable and unrestricted right to use and publish photographs, audio and video of the named child, or in which the named child may be included, for all types of media, including but not limited to print and electronic publications, audiovisual presentations, promotional literature, advertising, or any other print or electronic medium presently in existence or invented in the future, without compensation of any kind to me or the named child. I also understand that all negatives and positives, prints, and digital files of the photographs are owned by the MYO and do hereby release the photographer and the MYO from all claims and liability related to usage of said photographs. INITIALS _____

I have received the REGISTRATION HANDBOOK including a STATEMENT OF RESPONSIBILITY and the PARENTS CODE OF ETHICS: INITIALS _____

I understand there is a NO REFUND POLICY. INITIALS _____

EMERGENCY CONTACTS OTHER THAN PARENTS LISTED ABOVE

Name _____ Relation _____ Home# _____ Alt # _____

Name _____ Relation _____ Home# _____ Alt # _____

EARLY REGISTRATION DUE BY MAY 31ST. NO EXTENSION OF EARLY REGISTRATION RATES. NO EQUIPMENT WILL BE ISSUED UNTIL ALL FEES ARE PAID. I AM AWARE THAT MY CHILD MAY BE PLACED ON AN INSTRUCTIONAL TEAM.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

Registration Fee Due: \$ _____ Note: _____

Amt Paid _____ Date _____ [] Cash - [] Credit Card - [] Check# _____ Balance _____

Amt Paid _____ Date _____ [] Cash - [] Credit Card - [] Check# _____ Balance _____

Amt Paid _____ Date _____ [] Cash - [] Credit Card - [] Check# _____ Balance _____