



# Grove City Midget Football Club

[www.grovecitymidgets.com](http://www.grovecitymidgets.com)



## 2011 Registration Form

**Football/Cheerleader Registration Fee: before March 11<sup>th</sup>: \$40, beginning March 12<sup>th</sup>: \$50**  
**If a family has more than one child participating, each additional child will be \$40/child**

1. Make checks payable to Grove City Midget Football Club
2. Registration form must be accompanied by check.
3. Copy of Birth Certificate.

### Player Information – print legibly

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Fall 2011 Grade: \_\_\_\_\_ Age as of 7/31/2011 \_\_\_\_\_  
 Est. Weight (Football only) \_\_\_\_\_ Previous Experience/Position(s) (Football only) \_\_\_\_\_

### Parent/Guardian Emergency Contact Information (please be complete as possible)

Parent / Guardian 1 Full Name	Parent / Guardian 2 Full Name
Relationship to Player	Relationship to Player
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

### Medical Information

<b>Physician / Family Doctor</b>	
<b>Doctor's Phone</b>	
<b>Insurance Carrier</b>	
<b>Policy Number</b>	
<b>Medical History (Allergies, Medications, Special Conditions, etc.)</b>	

**IMPORTANT NOTE:** If the player is under medical care or is on prescribed medication, a note from his/her physician is required.

### Parent Permission

**No Refunds.** Players will not be allowed to participate in the Grove City Football Club program if payment is not paid in full. Fees include rental of game uniform, football or cheerleading equipment. Uniforms and equipment are the property of Grove City Football Club and must be returned by the end of the season. I agree to pay the cost of any lost equipment issued to my child or me by GCMFC.

**Medication Authorization – Grant of Consent.** I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

**Liability Waiver:** AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Grove City Football Club, Sponsors, volunteers, agents and other participants

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

GCMFC Use	Check Number	Amount Paid	Birth Certificate	Date Received