

Mascoutah Little Indians Youth Football Program

2010 SEASON FOOTBALL REGISTRATION

NEW LITTLE INDIANS PLAYER

Player's Name _____ BOY / GIRL
Last, First, Middle Initial

School & Grade _____ Date of Birth _____
(school & grade attending starting in Fall 2010)

Home Address _____ City _____ Zip _____

Home Phone _____ E-mail: _____

Name of Parent or Guardian _____ Emergency # _____

Insurance Carrier of Player _____

Player's Physician _____ Phone # _____

Brothers/Sisters registered _____

I, the undersigned, verify that the above information is correct. I understand that the MASCOUTAH LITTLE INDIANS YOUTH FOOTBALL PROGRAM will not be held liable for any injuries incurred during practices or games. I also understand that the insurance provided by the SOUTHWESTERN ILLINOIS YOUTH FOOTBALL CONFERENCE is a secondary type of insurance with the primary insurance being that of the parent or guardian. I further agree to allow the school indicated above to release information to the MASCOUTAH LITTLE INDIANS YOUTH FOOTBALL PROGRAM as to the applicant's age, grade, and school district. Furthermore, by signing this form, I am committing to reimburse the MASCOUTAH LITTLE INDIANS YOUTH FOOTBALL PROGRAM for equipment not returned within thirty (30) days after the last game.

REGISTRATION FEES WILL NOT BE REFUNDED AFTER PRACTICE BEGINS.

WE MUST HAVE A COPY OF EACH PLAYER'S BIRTH CERTIFICATE ON FILE. PLAYERS WHO DO NOT HAVE BIRTH CERTIFICATES ON FILE WILL NOT BE ALLOWED TO PLAY DURING GAMES.

VOLUNTEER POLICY: THE MASCOUTAH YOUTH FOOTBALL PROGRAM IS A NON-PROFIT ENTITY AND RELIES ON VOLUNTEERS FOR GAME DAY PREPARATIONS AND ACTIVITIES (e.g., field set-up, concession stand operations, etc.). WE WILL COLLECT A VOLUNTEER FEE WHEN WE ISSUE PLAYER EQUIPMENT FOR THE 2010 SEASON. WE WILL RETURN THE VOLUNTEER FEE AFTER THE VOLUNTEER COORDINATOR DOCUMENTS COMPLETION OF THE REQUIRED VOLUNTEER SERVICE. THE VOLUNTEER IS PER FAMILY, NOT PER CHILD. FAMILIES MAY OPT OUT OF VOLUNTEER SERVICE BY DONATING THEIR VOLUNTEER FEE TO THE PROGRAM.

I HAVE READ AND UNDERSTAND THE ABOVE FORM AND AGREE TO THE CONDITIONS THERE OF:

Date _____ Parent or Guardian Signature _____

Printed Name of Parent or Guardian _____

Registration Fee Paid: _____ cash/check # _____

Mail this form and a check made payable to the Mascoutah Little Indians to:

Mascoutah Little Indians
PO Box 314
Mascoutah, IL 62258

Confirmation & receipt will be sent via e-mail or letter mail