



MONONA GROVE YOUTH FOOTBALL

www.mononagrovefootball.com

Program Director: Eric Oldenburg (608) 772-4717



Football Season Registration Form

Registration Fee is determined by postmarked date

Registration Fees - 5th & 6th grades		New residents are excluded from the rate increase based on due dates for registration	Registration Fees - 7th & 8th grades	
March 1st - July 31st	\$200		March 1st - July 31st	\$225
after July 31st	\$275		after July 31st	\$300

Make checks payable to MONONA GROVE YOUTH FOOTBALL
Mail to: PO Box 31, Cottage Grove, WI 53527

BUSINESS SPONSORSHIP - Business card ad in game program at every home game			\$100 Yes _____
Business Name		Phone	
Contact Name		Email	

PLAYER INFORMATION (PLEASE PRINT LEGIBLY)

Last Name: _____ First Name: _____ DOB: _____
 Address: _____ City: _____ Player Phone: _____
 Grade (Upcoming): _____ Weight: _____
 School Attending: _____ Have you played flag or tackle football before (when): _____

PARENT/GUARDIAN CONTACT INFO (COMPLETE INFO)

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

MEDICAL INFORMATION

Physician / Family Doctor	
Doctor's Phone	
Insurance Carrier	
Hospital Preference	
Medical History (Allergies, Medications, Special Conditions, etc.)	

PARENT/GUARDIAN PERMISSION

Equipment will be reserved when full registration payment is received and equipment will be issued during the first week of practice. Players will not be allowed to participate in the Monona Grove Youth Football program if payment is not paid in full. Football uniforms and equipment are the property of Monona Grove Youth Football and must be returned by the end of the season as directed. I agree to pay the cost of any lost equipment issued to my child or me by Monona Grove Youth Football. **No refunds after helmet is issued.**

Medication Authorization and 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 Monona Grove Youth Football, Monona Grove School District, City of Monona, sponsors, volunteers, agents and other participants. I understand and acknowledge that Monona Grove Youth Football does not carry accident insurance.

Signature of Parent / Guardian _____ Print Name _____ Date _____

Signature of Parent / Guardian _____ Print Name _____ Date _____

MGYF Use	Check No:		Amount Paid		Date Received	
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