

**2019 Gatorball (Youth) Registration
hosted by MATS FOOTBALL CLUB, LLC**

PLEASE PRINT ALL INFORMATION

Name: _____ Home Ph: _____
Address: _____ City & Zip: _____
School in Sept: _____ Grade in Sept: _____
Mother's Name _____ Parent's cell: _____
Father's Name: _____ Parent's e-mail: _____
Player e-mail: _____ Weeks: _____
Player cell phone: _____ Shirt size: _____

PROGRAM	COACHES NAME	CAMPUS	DATES	COST
5th thru 8th	Schram	Miramonte	Sunday's 4/28-5/19	\$60
Every Sunday from Apr 28 thru May 19, 1:00pm - 3:00pm.				

MAKE CHECKS PAYABLE TO: MATS FOOTBALL CLUB LLC or use PayPal

Send Completed Forms to: Jack Schram, 213 Rheem Blvd, Orinda 94563

EMERGENCY INFORMATION

In the event of illness or injury, notify the following person(s) if the parent cannot be reached:

1. _____
Name Phone

2. _____
Name Phone

INSURANCE INFORMATION

3. _____
Medical Carrier / Policy Number Phone

My child, _____ has my permission to participate in the MATs Football Club, Gatorball Program. I release Acalanes Union High School District, MATs Football Club, LLC, and program instructors from any liability arising from my child's participation in said program. I understand, acknowledge, and agree that the District, its employees, officers, agents, program instructors or volunteers shall not be liable for any injury or illness suffered by my daughter / son which is incident to and /or associated with preparing for and/or participating in said program. I understand that I hold Acalanes Union High School District, MATs Football Club, LLC, program instructors, its officers, agents and employees harmless from any and all liability or claims, which may arise as a result from my or my child's participation in said programs. I understand the Acalanes Union High School District and MATs Football Club, LLC does not provide health and medical insurance for the participants. Consent is hereby given to the instructors and/or coordinators to seek aid if required in case of emergency.

I / we have read and give our consent to authorize Emergency Medical Care for my child

Parent/Guardian Signature

Date