



## 2019 Plum Midget Football & Cheer Association Registration MULTI CHEERLEADER/FOOTBALL PLAYERS

Please complete with check or credit card made payable to Plum Midget Football Association (PMFA). Separate check is needed for concession deposit and fundraising. **Football players new to PMFA, excluding Ponys, are required to submit original birth certificate.**

### Player/Cheerleader Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_  
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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ School \_\_\_\_\_ Birth date \_\_\_\_\_ Age on 4/30 \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
(Not Parent)

### **HEALTH INSURANCE INFORMATION(Child 1) Please use back of page for additional children.**

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Drug Allergies \_\_\_\_\_ List Current Conditions & Medications \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Family Dr. and Phone \_\_\_\_\_

Permission is hereby granted to perform emergency medical treatment on my child for injuries which are sustained while playing football or Cheerleading under the supervision of Plum Midget Football Association (PMFA). I understand that the association will make every effort possible to inform me of a medical emergency or serious injury as soon as possible. Whereas PMFA is a nonprofit organization created to promote athletic activities and to furnish amusement to the children of the community and whereas the parents, guardians, or custodians of the children are aware of these activities and desire to have their children participate in the same. Therefore, I do hereby agree to use my own personal insurance should it be necessary. In the event that I do not have my own personal insurance, my child will be covered under PMFA's current insurance policy.

(Initials) \_\_\_\_\_

### **HEALTH INSURANCE INFORMATION(Child 2) Please use back of page for additional children.**

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Drug Allergies \_\_\_\_\_ List Current Conditions & Medications \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Family Dr. and Phone \_\_\_\_\_

Permission is hereby granted to perform emergency medical treatment on my child for injuries which are sustained while playing football or Cheerleading under the supervision of Plum Midget Football Association (PMFA). I understand that the association will make every effort possible to inform me of a medical emergency or serious injury as soon as possible. Whereas PMFA is a nonprofit organization created to promote athletic activities and to furnish amusement to the children of the community and whereas the parents, guardians, or custodians of the children are aware of these activities and desire to have their children participate in the same. Therefore, I do hereby agree to use my own personal insurance should it be necessary. In the event that I do not have my own personal insurance, my child will be covered under PMFA's current insurance policy.

(Initials) \_\_\_\_\_

**Football Player**

Ponys-5 & 6yrs old by 4/30 - Flag Team \_\_\_\_\_  
Colts-7 & 8yrs old by 4/30- 125lbs max \_\_\_\_\_  
Stallions-9 & 10yrs old by 4/30- 145lbs max \_\_\_\_\_  
Little Mustangs-11 & 12yrs by 4/30- 165lbs max \_\_\_\_\_

**Cheerleader**

Ponys-K & 1<sup>st</sup> grade by 8/1 \_\_\_\_\_  
Colts-2<sup>nd</sup> & 3<sup>rd</sup> grade by 8/1 \_\_\_\_\_  
Stallions-4<sup>th</sup> & 5<sup>th</sup> grade by 8/1 \_\_\_\_\_  
Little Mustangs-6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grade by 8/1 \_\_\_\_\_

**Registration**

**2 CHILD FOOTBALL PLAYERS OR CHEERLEADER-\$155.00**  
**3 CHILD OR MORE FOOTBALL PLAYERS OR CHEERLEADER-\$200.00**

\*Add \$40 late fee if registering after June 9, 2019

**Registration Due** \_\_\_\_\_

**Fundraising Participation PER FAMILY – SELECT ONE**

**YES** – I will participate in all fundraising activities. 1<sup>st</sup> fundraiser due: **\$175.** \_\_\_\_\_

(Initials) \_\_\_\_\_

\*Fundraising fee will be added to next year’s registration if no participation

**OR**

**NO** – I elect to waive fundraising for the 2019 season. Fee to waive: **\$250.** \_\_\_\_\_

(Initials) \_\_\_\_\_

\*Waiver due at registration

**Fundraising Due** \_\_\_\_\_

**PLEASE READ ME!!**

**Concession Participation 3 SHIFTS PER Football Player**  
**2 SHIFTS PER CHEERLEADER – SELECT ONE**

**YES** – I will participate in all concession shifts.

**I UNDERSTAND THAT IF I DO NOT SHOW UP FOR ONE SHIFT, MY ENTIRE CHECK WILL BE CASHED.**

(Initials) \_\_\_\_\_

\*(Please provide 1 HOLD check, \$125.00, for concessions per family. This check will be returned to you once all your shifts have been fulfilled.)

**OR**

**NO—I will not participate in ANY concession shifts. I will pay \$125.00 to opt out of concession duties.**

**\$125.** \_\_\_\_\_

(Initials) \_\_\_\_\_

**Total Due** \_\_\_\_\_

**PLEASE FILL IN THE CORRECT SIZES- THESE SIZES WILL BE USED FOR BANQUET GIFTS**

**T-SHIRT SIZE** \_\_\_\_\_

**SWEATSHIRT SIZE** \_\_\_\_\_

**SHORT SIZE** \_\_\_\_\_

**SWEATPANT SIZE** \_\_\_\_\_

## Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this code of ethics provided by Plum Midget Football Association.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other events.
2. I will insist that all the organizations play in a safe and healthy environment.
3. I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
4. I will demand a sports environment for organizations to be free of drugs and alcohol and will refrain from their use at all youth sports events.
5. I will remember that the game is for our youths and not for adults.
6. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
7. Violating PMFA's Code of Ethics, or any other guideline that is part of the PMFA Handbook, or KBL's Zero Tolerance Policy will result in disciplinary action, up to and including removal from PMFA. Disciplinary action will be at the discretion of the Board of Plum Midget Football.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan.

I have received the Plum Midget Football Association handbook and agree to the above Code of Ethics.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Photo Usage Consent

I agree and authorize Plum Midget Football Association to publish any or all photos taken during practices and/or games on the Plum Midget Football Association's web site ([www.plummidgetfootball.org](http://www.plummidgetfootball.org)) or Facebook page. I furthermore agree to permit Plum Midget Football Association to publish these pictures in the local newspapers.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Parental Support

We ask for active participation of all parents in our program. Please check area(s) in which you would be willing to help and specify parent's name. This is separate from working in the concession stand.

\_\_\_ Assistant coach \_\_\_\_\_

\_\_\_ Team Parent \_\_\_\_\_

\_\_\_ Donations/Sponsorship \_\_\_\_\_

\_\_\_ Field Preparation \_\_\_\_\_

\_\_\_ Fund Raising \_\_\_\_\_

\_\_\_ Concessions Committee \_\_\_\_\_

\_\_\_ Special Projects \_\_\_\_\_

\_\_\_ Game Day \_\_\_\_\_

**To Be Completed by PMFA Board Member or Authorized Personnel Only**

Grand Total Due

Received By

Date Received

Amount Paid CC

Check & #

Amount CASH