



# MONONA GROVE YOUTH FOOTBALL

Monona Grove Eagles  
7th and 8th Grade  
Youth Football

PO Box 31  
Cottage Grove, WI 53527

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

Program Director: Eric Oldenburg (608) 772-4717

## 2018 Football Season Registration Form

Registration Fee is determined by postmarked date.

Registration Fees - Returning Player (PeeWee Player)		Registration Fees - New Player (check appropriate box)	
March 1- May 31	\$175	March 1 - May 31	\$200
June 1 - Aug 6	\$200	June 1 - Aug 6	\$225

1. If Players wish to receive the official Eagle practice jersey with their last name printed on the back, please add \$15.
2. Players submitting Registration Forms on or after May 31, 2018 will be placed on a waiting list. New residents are excluded.
3. Make checks payable to MONONA GROVE YOUTH FOOTBALL OR MGYF. Mail to: MGYF PO Box 31 Cottage Grove, WI 53527.
4. Registration Form must be accompanied by check in the correct dollar amount for player status. NO EXCEPTIONS.

### Player Information (please print legibly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade Fall 2018 \_\_\_\_\_ Jersey Size (S)\_\_\_\_ (M)\_\_\_\_ (L)\_\_\_\_ (XL)\_\_\_\_ (XXL)\_\_\_\_ School Attending \_\_\_\_\_  
 Returning Player (No) \_\_\_\_\_ (Yes) \_\_\_\_\_ Last Season Coach \_\_\_\_\_  
 Number of years participating in MGYF (Pee Wee & Eagles) \_\_\_\_\_ Weight \_\_\_\_\_

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

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

### Medical Information

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

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

### 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 \_\_\_\_\_

MGYF Use	Check No.	Amount Paid	Date Received