



**MONONA GROVE YOUTH FOOTBALL**  
 PO BOX 31  
 Cottage Grove, WI 53527  
[www.mononagrovefootball.com](http://www.mononagrovefootball.com)



Program Director: Eric Oldenburg (608) 772-4717

2020 Football Season Registration Form			
Registration Fee is determined by postmarked date			
<b>Registration Fees - 5th &amp; 6th grades</b>		<b>Registration Fees - 7th &amp; 8th grades</b>	
March 1st - May 31st	\$150	March 1st - May 31st	\$175
June 1st - Aug 3rd	\$200	June 1st - Aug 3rd	\$225
Practice Jersey - Optional	\$15	Practice Jersey - Optional	\$15
<b>TOTAL</b>		<b>TOTAL</b>	
BUSINESS SPONSORSHIP			
Sponsorship Includes - Business Card Ad in Game Program for all Monona Grove youth football teams handed out at every home game			<b>\$100</b>
Business Name		Phone	
Contact Name		Email	
Business Sponsorship funds can be collected prior to start of the season, if not included. We will also contact the business for their business card ad. Please just confirm they are interested in becoming a sponsor. Business sponsorship helps keep player fees affordable.			
MGYF is a 501(c)(3) so donations can be tax deductible			

1. Players submitting registration forms on or after June 30th will be placed on a waiting list. New residents are excluded.
2. Make checks payable to MONONA GROVE YOUTH FOOTBALL or MGYF. Mail to: MGYF PO Box 31, Cottage Grove, WI 53527
3. 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: _____
Address: _____	City: _____	Player Phone: _____	
Grade (Fall of 2020): _____	Weight: _____	Jersey Size: S ___ M ___ L ___ XL ___ XXL ___	
School Attending: _____	Have you played flag or tackle football before (when): _____		

PARENT/GUARDIAN CONTACT INFO (COMPLETE INFO)			
Parent / Gaurdian #1 - Full Name		Parent / Gaurdian #2 - Full Name	
Relationship to Player		Relationship to Player	
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
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