

2011 MCAA Registration Form



(Circle one): **Football** **Cheerleading** **Dance**

(Circle one): **Seniors** **Midgets** **Mitey Mites** **Termites** **Twerps**

Section 1- Participant's Information:

(As of July 31, 2011)

Participant Name: Birthdate: Age: Grade:
 Address: City: State: Zip Code:
 Home Telephone: (New Football Player's Only) Birth Certificate Attached: YES/NO
 Prior MCAA Participation: (Circle One) Football/Cheerleading/Dance Years played:
 Siblings participation: (Circle) Football/Cheerleading/Dance Sibling Name(s):

Section 2- Emergency Information, Medical Conditions & Consent:

Father/Guardian's Name: _____ **Are you interested in volunteering? YES/NO**
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____ Email Work: _____
Mother/Guardian's Name: _____ **Are you interested in volunteering? YES/NO**
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Phone: _____ Cell Phone: _____
 Email Address: _____ Email Work: _____
Allergies: (List all known) _____ **Medications:** _____
Medical Conditions: _____

I/we hereby grant consent to any and all health care providers designated by MCAA to provide my child any necessary medical care as a result of any injury/illness, including First Aid and transportation to/from health care providers. I/we have disclosed any and all medical conditions of participant that any/all coaches must be aware of prior to participation of athletic activities.

Parent/Guardian Signature: _____ **Date:** _____

Section 3- Image Release:

I/we agree to allow my minor child, the above-named participant, to be photographed or videotaped while participating in MCAA related activities and/or events and that such images may be published in an outlet used to promote or publicize our program.

Parent/Guardian Signature: _____ **Date:** _____

Section 4- To be completed by MCAA Official:

Official Name: _____ Date: _____

Amount Paid: \$ _____ Cash: \$ _____ Check #: _____ Concession Opt Out? YES/NO Total Paid: \$ _____

Comments: _____