

**Melbourne PAL Football & Cheerleading
2010 REGISTRATION APPLICATION
MUST BE COMPLETED BY PARENT/GUARDIAN**

1. CHILD/PARENT INFORMATION (PLEASE PRINT)

CHILD'S NAME: _____ NAME THEY GO BY: _____

DOB: _____ Returning Player _____ (Y/N) Age on Aug 1, 2010 _____ Weight: _____

Select One: Tackle, Flag, Cheerleading Division: _____

ADDRESS: _____ City: _____ Zip: _____

FATHER'S NAME: _____

PREFERRED CONTACT METHOD, SELECT ONE:

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS (please write clearly) _____

Alternate E-Mail: _____

MOTHER'S NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS (please write clearly) _____

Alternate E-Mail _____

CHILD LIVES WITH: _____

Asthma: Y or N Inhaler: Y or N Other Medical Condition _____

The following ethnicity and race information is needed for reporting purposes only because we are a non-profit organization: Please indicate your ethnicity:

Are you Hispanic or Latino? YES NO

Please indicate your race (check only one):

- White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White
 Asian and White American Indian/Alaskan Native and Black/African American
 Black/African American and White Other

Registration Fees

**Tackle Football \$135; Travel Flag Football \$90; In-house Flag - \$65;
Cheerleading \$140, Mascots \$60**

\$5 reduction for each additional child in family

All fees must be paid by June 1, 2010; no exceptions will be allowed. Failure to pay registration fees on a timely basis will cause the player to be dropped from the roster

Refund Rules

- \$25 of the registration fee is non-refundable for tackle football players and flag football players; \$50 of registration fee is non-refundable for cheerleading.
- Until beginning of conditioning camp refunds are available minus the \$25/\$50 non-refundable fee
- 50% of registration fee is not refundable after conditioning camp begins
- No refunds are available after equipment is handed out.

Additional information that must be provided at Registration

- Copy of birth certificate – if child has played previously in league this is not necessary
- Current picture

PLEASE CIRCLE AT LEAST ONE PREFERENCE OF YOUR REQUIRED VOLUNTEER ACTIVITIES:

- Field Set-Up
- Field Clean-Up
- Concession stand
- Concession stand cleanup and stocking
- Grill
- Grill cleanup

(Please note that you will be assigned duties as needed and the above is just your preference) .Anyone who fails to sign up and comply with any volunteer activity will be required to pay an additional \$20 to cover the cost of the league hiring an individual to cover the activity).

PLEASE CIRCLE ANY ADDITIONAL VOLUNTEER ACTIVITIES YOU WANT TO DO FOR THE LEAGUE:

- Team Parent
- Football Coach
- Cheer Coach
- Fundraising Committee
- Sponsor
- Financial Committee
- Concession Stand committee
- Public Relations (writing and reporting game results to local papers)
- Other _____

*Parents/guardians wishing to volunteer for Coaching or Team Parent must complete a Melbourne PAL and Brevard County Volunteer Application, which includes consent to National background check, and will be subject to approval by the Melbourne Pal Board of Directors.

I would like to donate \$_____ to the Melbourne PAL Football & Cheerleading financial assistance program that assists approved players and cheerleaders with their registration fees.

2. AGREEMENT. PLEASE INITIAL ALL.

_____ The parent(s)/guardian(s) of the above participant do hereby understand and agree that a strict code of conduct will be enforced. This means no foul language, yelling negative comments, physical contact with a child or adult, alcohol or tobacco use, questioning coaching or referee decisions, or any action deemed distracting or unsportsmanlike. Any such behavior observed by the Coach and/or MPFC Committee will result in the person(s) being removed from activity if needed and given a written warning. All written violation records will be kept by the Melbourne PAL Football & Cheerleading Safety/Security Officer. Upon second offense, person will be permanently removed from all Melbourne PAL Football & Cheerleading activities for a time to be determined by the MPFC Committee. Refusal to leave will dictate that the offender's child will be removed from the activity and suspended until problem is resolved to the Boards satisfaction.

_____ The parent(s) or guardian(s) of the above participant do hereby give approval for participation and understand all the risks and hazards associated with this activity.

_____ I/we hereby absolve, indemnify and hold harmless the Melbourne PAL Football League (MPFC) and its Committee, its' organizers, sponsors and volunteer staff for any injury that may occur to my/our child.

_____ I/we understand that transportation to and from this activity is my/our sole responsibility.

_____ I/we acknowledge and understand the refund policies of the Melbourne PAL Football & Cheerleading.

_____ I/we acknowledge and understand that any checks written to MPFC that are returned for insufficient funds will not be re-deposited, but will be returned to you and a cash payment will be required along with a \$25 returned check fee.

_____ I/we acknowledge that my/our child will be required to participate in the creation of the MPFC team baskets that will be raffled off at the first home game. The team mom may require that a fee be paid to create the baskets.

_____ I/we acknowledge that one person per family will be assigned to work as a volunteer for concession, or field set up or cleanup at no less then two home games in the time and capacity assigned by the MPFC Committee. If the family wishes to opt out of this requirement, a fee of \$20 must be paid to the league. (Please note that the additional \$20 will be collected at registration time).

_____ I agree it is my/our responsibility to cover the assignment and if I/we cannot fulfill it, it is my/our responsibility to find replacement and inform the league. Failure to fulfill this obligation will result in penalties to be determined by the Melbourne PAL Committee.

_____ I/we agree that if my child is placed on a team as a “playdown” he must meet the weight requirements set by the Brevard County Youth Football & Cheerleading Association on a weekly basis. I/we further agree that if he does not meet the weight limitations he will only be allowed to move up to another team prior to the third game of the season and only if that team has not reached its roster limitations.

_____ I/we agree that my child must meet the weight requirements set by the Brevard County Youth Football & Cheerleading Association on a weekly basis. I/we further agree that if he does not meet the weight limitations he will not be able to participate in the game and only be allowed to move up to another team prior to the third game of the season and only if that team has not reached its roster limitations.

_____ I/we are aware and acknowledge that MPFC is not responsible for my child before, during, or after practices, special events, and games. There must be a parent or guardian present at all times. If an emergency comes up, the child must leave with the parent or guardian.

_____ I/we acknowledge the responsibility for MPFC issued equipment for the purpose of any activity sponsored by the league. Custom altering of any league owned equipment is not permitted and will result in a replacement charge for said equipment.

_____ I/we accept responsibility of returning all equipment or uniforms upon request. Failure to do so may result in prosecution and the inability for my child to participate in the future. An additional collection fee will be assessed in addition to the cost of the uniform and or equipment not returned at the end of the season.

_____ I/we acknowledge that the failure of my/our child to attend scheduled practices without prior notification to his/her coach or team parent will result in reduced playing time in the next scheduled game. A written notification will be maintained by the player’s coach.

I/WE UNDERSTAND AND AGREE FULLY TO THE MPFC RULES AND POLICIES STATED IN THIS REGISTRATION APPLICATION AND AS DICTATED BY THE MPFC BYLAWS. FAILURE TO UPHOLD AND ABIDE BY THE ABOVE STATEMENTS COULD RESULT IN THE ABOVE CHILD BEING SUSPENDED FROM LEAGUE ACTIVITIES.

PARENT/GUARDIAN: _____ DATE: _____

(Signature)

PARENT/GUARDIAN: _____ DATE: _____

(Signature)

Cash is preferred but checks are accepted: Check# _____ Amount _____

Medical Release and Liability Waiver

As the parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment or dental treatment for my son/daughter/ward (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be reached, I give the authorized Greater Melbourne Police Athletic coach and/or activity supervisor the authorization to act on my behalf should a medical or dental emergency arise while participating in the Melbourne Police Athletic League (P.A.L.) activity or event.

I consent for my child/ward to participate in the Greater Melbourne Police Athletic League program/activity/event. I declare that my child/ward is physically fit and has the skill level required to participate in this program. I, as the parent/legal guardian of the above listed youth, do hereby assume all risk and hazards incidental to the conduct of this activity (which may include, among other things, muscle injury and broken bones) and on my behalf, on behalf of my child/ward, and on behalf of my child's/ward's heirs, executors and administrators, release and forever discharge the released parties defined below of all liabilities, claims, actions, damages, costs or expenses, including, but not limited, to attorney's fees and disbursements. For this program, the released parties are the Greater Melbourne Police Athletic League, the City of Melbourne, the Melbourne Police Department, and the officers, directors, employees, coaches, agents, representatives, volunteers, successors and assigns of each of the foregoing entities. As parent/guardian of the above child/ward, I expressly acknowledge that we release the Greater Melbourne Police Athletic League and any co-sponsoring agency from all liability whether for negligence, action or inaction for any injury, loss or damage connected in any way whatsoever to participation in Greater Melbourne P.A.L. activities (which may include, but is not limited to, games, practices, and transportation to and from events) whether on or off Melbourne P.A.L.'s premises. The undersigned acknowledges that participation in the activity may involve risk of contact between participants, effects of the weather, and other risk conditions associated with the sport/activity/event. I further grant the released parties the right to photograph and/or videotape my child/ward and to use these photo and media materials as well as my child's/ward's name, face, likeness, voice and appearance in connection with newsletters, publicity, advertising, promotional or Internet materials without reservation, compensation, or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

I, as the parent/legal guardian for the above listed youth, attest that I am at least 18 years of age and eligible to enter into a binding agreement. If as the participant I am 18 years of age or older, I am entering into this binding agreement as the parent/legal guardian for myself.

Parent/Legal Guardian Name:(Print clearly)_____

Parent/Legal Guardian Signature:_____

Emergency Telephone Contact Number:_____

**Melbourne Pal Football & Cheerleading
2010 MEDICAL INFORMATION FORM**

CHILD NAME: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

MY CHILD HAS ACCIDENTAL/HOSPITALIZATION INSURANCE: YES ___ NO ___

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

PRIMARY INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

PLAN NUMBER _____

Has your child undergone any surgery in the past 12 months? Yes ___ No _____

If so, please describe: _____

Does your child take medication on a daily basis? Yes ___ No ___

If so, please list: _____

Does your child have asthma? Yes ___ No ___ Use an inhaler? Yes ___ No ___

List any and all allergies your child has: _____

Does your child have any physical limitations that the MPFC should be aware of?

If so, please describe: _____

A copy of this form will be released to the Head Coach of your child's team only. The original will be kept on file with the MPFC Player Agents.

SIGNATURE: _____ Date _____