



Keystone Midget Football Conference

REGISTRATION FORM

Date of Registration: _____

Association's Name: _____

Squad Player Will Be Assigned To:

Pee Wee Pony Midgets Unlimited

PLEASE MAKE SURE ALL INFORMATION IS FILLED IN / PRINT ALL INFORMATION, DON'T WRITE

Player's Name: _____ Phone: (____) _____

Address Where Player Resides: _____

City, Borough, or Township In which Player Resides: _____ County: _____

Zip Code: _____

Public School District In Which Player Resides: _____

School in Which Player Will Be Enrolled This Fall: _____ Grade: _____

Date of Birth: _____ Age on May 31st: _____ Height: _____ Weight: _____

> **CONSENT AFFIDAVIT**

_____ HAS MY PERMISSION TO PLAY IN THE MIDGET FOOTBALL PROGRAM, INCLUDING ATTENDANCE AT PRACTICE FOR THE _____ SEASON. I WAIVE ANY AND ALL CLAIMS AGAINST THE KEYSTONE MIDGET FOOTBALL CONFERENCE, ITS OFFICERS, AND/OR OFFICERS OF TEAMS ASSOCIATED WITH IT FOR ANY/OR ALL CAUSES WHICH MAY ARISE IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THIS SPORT. I UNDERSTAND IF THE ABOVE INFORMATION AS TO NAME, RESIDENCE, OR DATE OF BIRTH IS FALSE, THIS PLAYERS TEAM WILL FORFEIT EVERY GAME IN WHICH HE/SHE PARTICIPATES AND THE HEAD COACH MAY BE DISMISSED.

Signature of Parent or Guardian: _____ Date: _____

> **PHYSICIAN'S AFFIDAVIT**

THE YOUTH AS LISTED ABOVE HAS BEEN EXAMINED BY ME AND I HAVE FOUND HIM/HER TO BE FIT PHYSICALLY TO PLAY IN A MIDGET FOOTBALL PROGRAM.

Signature of Physician: _____ Date: _____

Signature of Registrar: _____ Date: _____

WAS PLAYER'S ADDRESS CHECKED TO BE TRUE TO YOUR AREA OF DRAW: Yes No

K.M.F.C. USE ONLY

Approval Disapproval

Conference Coordinator's Signature: _____

Reason for Disapproval: _____
