

Boiling Springs Midget Football Corporation

P.O. Box 125
Boiling Springs, PA 17007

REGISTRATION DATA SHEET – 2020

Please print clearly and entirely – Must be signed by at least one parent/guardian

Player's name _____ Phone _____
(Last) (First)

Address _____ City _____ State _____ Zip _____

E-mail _____ School _____ Grade (Fall 2019) _____ Birthday _____

Registering for: Football _____ Cheerleading _____ Sex: Male _____ Female _____ T-shirt size _____

Emergency Contact _____ Relationship _____ Phone _____

What accident/hospitalization insurance do you carry? _____

Family Physician: _____ Phone _____

CONSENT WAIVER (Must be signed by at least one parent/guardian):

I/We, the parent(s)/guardian(s) of the above named registrant, give my/our approval to his/her participation in any

Association activities during the current season. I/We assume all the risks and hazards incidental to such participation including transportation to and from all activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Boiling Springs Midget Football Corporation, or organizers, sponsors, officers, coaches and volunteers for any claim arising out of any injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return, upon request, the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We agree to furnish association officials a copy of a certified birth certificate for the above named registrant at the time of registration.

Father/Guardian Signature

Mother/Guardian Signature

Print Father/Guardian Name

Print Mother/Guardian Name

Is there a second parent that should receive schedules/notices, etc.?

Name _____ Phone _____ E-mail _____

Address, City, State, Zip _____

In addition to the REQUIRED Fundraising & Concession activities, I would like to help with:

Yard Markers _____ Weigh Master _____

(Please provide the best way to get a hold of the volunteer and a member of the Board will contact you.)

FOR BSMFC USE ONLY

Number of Participants _____
Paid Cash _____ Check # _____
Amt Pd \$ _____
Initials of Register _____
Today's date _____