

Kittatinny Midget Football League 2011 Registration Form

Web site: www.kmfl.net

Mailing Address: KMFL, PO Box 24, Newton, NJ 07860

Please Make All Fundraising & Registration Checks Payable To: KMFL

Check One: **Cheerleader** **Flag \$60** **Tackle \$100** **Competition Cheer \$100**
 Football Player **Flag \$60** **Tackle \$100** **Family Maximum \$200**

Athletes Name: _____ Parent/Guardian: _____
 Athletes Birthday: _____ Cell Phone _____
 Fall 2011 Grade: _____ Parent Guardian: _____
 Approx. Weight (Tackle Football): _____ Cell Phone#: _____
 Township: _____ Day Phone #: _____
 Mailing Address: _____
 Family Physician: _____ Physician Phone # _____
 Family Email Address: _____
 Emergency Contact: _____ Relationship: _____
 Day Phone#: _____ Evening Phone# _____ Cell Phone # _____

Please Check One: (Football Players):

- Flag:** K-2nd Grades; 9th Birthday **NOT** before last regular season scheduled game; No 3rd graders
- Pony:** 2-4th Grades; 11th Birthday **NOT** before last regular season scheduled game; No 5th graders
- Super Pee Wee:** 5-6th Grades; 13th Birthday **NOT** before last regular season game; No 7th graders
- Pee Wee:** 7th Grade; Exception for 8th Graders under 100 lbs; **Not** 14 before last scheduled game
- Midgets:** 8th Grade; 15th Birthday **NOT** before last regular season scheduled game. NO Freshmen

WEIGHT LIMITATIONS: Flag-None, Pony-100lbs., Super Pee Wee-120lbs., Pee Wee-135lbs., Midgets-170lbs. KMFL reserves the right to place FOOTBALL PLAYERS at a higher level of play based on age, weight, team and league requirements according to the KMFL and NJYFL by-laws. All second graders should have played at least 2 years of flag before moving to instructional tackle. Cheerleaders can be placed at various levels to maintain full squads. You **MUST** try out for competition cheering. Each football team may or may not have cheerleaders for particular games.

***Please indicate specific medical allergies, chronic illness or other medical conditions coaches/medical personnel should be aware of:** _____

PERMISSION STATEMENT

As parent/guardian of the above child, I give permission for my child to be a candidate for the participation in the Kittatinny Midget Football League. My child is a permanent resident of the KRHS sending district. I hereby waive and agree to hold the club harmless of any claims arising from the participation in such programs and assume all risks and hazards incidental to such participation, including transportation to and from all activities associated with this club. The organization carries limited medical insurance which is intended to supplement your primary insurance. In the event your child requires medical attention resulting from physical injury, an official from KMFL must be notified immediately and our insurance carrier's claim form must be completed within ten days of such injury. Upon request, I agree to return the uniform (football/cheering) and other equipment issued to my child in as good condition as when it was issued, except for normal wear and tear. **If the uniform or equipment is not returned I will be responsible for its replacement cost.** **Please initial here:** _____

It is **MANDATORY** that each athlete's parent/guardian to volunteer for at least one of the following:

- Field Maintenance Field Set- Up Field Tear Down
- Chain Gang (Home Games) Team Parent

- Note: Everyone is requested to help with concessions and expected to participate in fund raisers.

(Helping keeps our registration fees low and provides the best for each child) **Please Initial** _____

REGISTRATIONS ARE DUE by June 24, 2011. A \$25.00 LATE FEE will be enforced for registrations post marked after June 24, 2011. Registrations will close July 15, 2011. Anyone regeerstaing after July 15 2011 will be placed on a waiting list based on team and squad availability. See KMFL web site for the policy regarding refunds of registration fees. QUESTIONS???? CALL: George 201-213-7545 or Phil 862-268-4000

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN (PrintName): _____

For League Use: Post date registration received: _____

Amount Paid: _____ **Cash:** _____

STAFF INITIALS: _____ **Date:** _____

Waiting List: Y _____ **N** _____

Check # _____

Late Fee: _____