



# Mukilteo Wolverines Junior Football



## 2010 Early Football Registration

### Player Information – (Please Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fall 2010 Grade: \_\_\_\_\_ 2010 School: \_\_\_\_\_ Est. Weight: \_\_\_\_\_ Height \_\_\_\_\_

Jersey # Request: 1<sup>st</sup>: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ Referred by: \_\_\_\_\_

Jersey Size: XXS \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ / AM \_\_\_ AL \_\_\_ AXL \_\_\_ A2XL \_\_\_ A3XL \_\_\_

\*\*\* Please note: Sizes XXS-M run small to size, and Adult M-3XL run big \*\*\*

### Parent/Guardian Emergency Contact Information

Parent / Guardian 1	Parent / Guardian 2
Full Name	Full Name
Relationship to Player	Relationship to Player
Home Phone	Home Phone
Cell or Work Phone	Cell or Work Phone
**Email Address	**Email Address

[\\*\\*We communicate primarily via email, please ensure to provide a working & accessible email for updates and important info.](#)

## \$185.00 Registration + \$100.00 Fundraiser\*

*(This is Per Player; Registration fee includes a custom jersey for player to keep!)  
Fundraiser is \$100 worth of Raffle tickets for you to sell or keep*

\*\*\* Financial assistance programs available for those in need \*\*\*  
**No Refunds**

PAYMENT METHOD: Cash: \_\_\_ CC: \_\_\_ Check: \_\_\_ Check # \_\_\_\_\_ (Make checks Payable to: MYS)

### Parent Permission

Equipment will be issued when full registration payment is received. Players will not be allowed to participate with the **Mukilteo Wolverines** program if payment is not paid in full. Fees include rental of game uniform, football equipment are the property of **Mukilteo Wolverines** Program **and must be returned by the end of the season**. I agree to pay the cost of any lost equipment issued to my child or me by the Mukilteo Wolverines program.

**Medication Authorization – Grant of Consent.** I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

**Liability Waiver:** AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against **Mukilteo Wolverines**, Sponsors, volunteers, agents and other participants.

Signature of Parent / Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Send Form to:

**Mukilteo Wolverines**

P.O. Box 203  
Mukilteo, WA 98275

Official Receiving Payment: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid: \_\_\_\_\_