

# Melrose Park Gaels Association

1000 North 25<sup>th</sup> Avenue  
Melrose Park, Illinois 60160  
www.mpgaels.com



## 2009 Football Registration

### Participant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_  
(first name, last name) (month/day/year)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Last School Attend: \_\_\_\_\_

Report Card (all 4 quarters with grades) for 2008-2009 School Year? Yes ( )

Did you play with the Gaels last year? Yes ( ) No ( )

### Primary Guardian Information

Full Name: \_\_\_\_\_  (Check if address is the same as above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

### Secondary Guardian Information

Full Name: \_\_\_\_\_ (should be different than primary guardian)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

### Medical Information

Primary Physician: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Date Of Last Visit: \_\_\_\_\_ Reason For Last Visit: \_\_\_\_\_  
(month/day/year)

Allergies: \_\_\_\_\_ Known Conditions: \_\_\_\_\_

Asthma? Yes ( ) No ( ) Type: \_\_\_\_\_ Medication: \_\_\_\_\_

Has your child had any fractures or surgeries within the past year? Yes ( ) No ( )

If Yes, which \_\_\_\_\_



The Melrose Park Gaels Association is part of the Chicagoland American Youth football conference. AMERICAN YOUTH FOOTBALL, INC., established in 1996, is an international youth football organization established to promote the wholesome development of youth through their association with adult leaders in the sport of American football. Rules and regulations are established to ensure that players play in an atmosphere of safety with a competitive balance between teams.

### Parental Medical Treatment Authorization

I, the parent/guardian give my permission for any emergency treatment necessary. I authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any Melrose Park Gaels function, including travel to and from said function. This release expires December 31, 2009.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Accidental Medical Coverage

American Youth Football, Inc has in place an insurance policy to provide insurance against medical and hospitalization costs only which are incurred as the result of injuries sustained by my child while engaging in a Chicagoland American Youth Football sponsored activities. I understand that this coverage is secondary only to my primary medical and hospitalization insurance and will pay only those cost not paid by my own insurance coverage. I understand that this does not include any coverage beyond the benefits associated with medical and hospitalization expenses. I understand that the Melrose Park Gaels Association carries no medical liability, and that the Melrose Park Gaels Association is not responsible for any reimbursement of claims.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Parent/Guardian Agreement

I, the parent/guardian of the above named applicant to the Melrose Park Gaels hereby give my permission to said applicant's participation in any and all activities during the current season, **including post-season competition**. I am aware that football is a full-contact sport and I assume all the risks and hazards incidental to such participation including transportation to and from activities, and do hereby WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS the Melrose Park Gaels Association, it's officers, coaches, Chicagoland American Youth Football, Inc.

I also agree to be responsible for any and all Gaels Football equipment issued to said applicant other than the normal wear during the current season and will reimburse the Gaels for any loss or damage to said equipment. I also agree to return said equipment, at a date specified by the Melrose Park Gaels, after the season ends.

**I fully understand that there will be no refunds and that there is a \$25.00 charge for all returned checks.**

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### ***Do not write below this line. For administrative use only***

Financial Information	Provided Documents	Placement Information
Check # _____ Receipt # _____	Birth Certificate <input type="checkbox"/>	Age: _____ Grade: _____
Cash \$ _____ Due \$ _____	Report Card <input type="checkbox"/> all 4 quarters w/ grades	Height: _____ Weight: _____
Paid in Full <input type="checkbox"/>	Health Physical <input type="checkbox"/> dated after Jan. 1 <sup>st</sup> 06	Level: _____

Levels of participation for 2009 season:

Bandit • Mighty Mite • Cadet • Jr. Pee wee • Pee wee • Jr. Midgets • Midgets • All-American (unlimited weight)