

MOORESVILLE MIDGET FOOTBALL REGISTRATION

MOORESVILLE HORNETS

Player's

First Name: _____ Last Name: _____

Birth Date: _____ Age: _____ Nickname: _____

Address: _____

City: _____ Zip: _____

Parent / Guardian: _____

Phone: _____ Alternate Phone: _____

Email: _____

Preference of contact: _____text _____email _____phone

Team Last Season: _____

Do you have insurance coverage for your child? (Circle one) YES NO

Policy Holder: _____ Policy Name: _____

Policy #: _____

By signing, I certify that all information given above is correct. I understand that any false information will lead to the suspension of my child for the remainder of the playing season without refunding of any fees I have paid. I hereby consent to my child's participation in the Mooresville Football League and / or Cheerleading Program. I also waive the Mooresville Midget Football League of all liability in the case of injury that may occur while participation in football or cheerleading activities.

Signature: _____ Date: _____

For Admin Use Only

REGISTRATION:

Paid Cash: (Circle one) YES NO

Check Date: _____ Check #: _____ Accepted by: _____

UNIFORM: Jersey # _____ Jersey size: _____ Pants size: _____

Paid Cash (Circle one) YES NO

Check Date: _____ Check #: _____ Accepted by: _____