

____ Registration Forms
____ Registration Fees _____
____ Physical
____ Birth Certificate
____ Code of Ethics
____ Code of Conduct
____ Parent Participation
____ Fundraising

Jr. Mustang Rep _____
NEW RETURN
AGE _____ GRADE _____
ON DEC 1
WT _____
TEAM _____

**ARGONAUT JR. MUSTANGS
PLAYER REGISTRATION
2009 SEASON**

PARTICIPANT'S NAME
(LAST) _____ (FIRST) _____

AGE ON DEC. 1 2009 _____ DATE OF BIRTH _____
GRADE AS OF AUGUST 2009 _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)

Mother's name _____
Home Phone _____ Work Phone _____
Cell _____ email _____
Address (If different from above) _____

Father's name _____
Home Phone _____ Work Phone _____
Cell _____ email _____
Address (If different from above) _____

Child lives with (check all that apply):
____ Mother ____ Father ____ Grandparent
____ Other (Explain): _____

Alternative Contact: In case you can not be reached
Name _____ Phone _____

Participant's Information

List any medical problems he/she has as well as any precautions that need to be taken:

Is your child on any medications? _____ yes _____ no

If yes, please list all medications:

Physician to notify in case of emergency:

Name _____ Phone _____

Emergency contact:

In case of emergency, whom do we notify?

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Insurance Information:

Name of Insurance Company _____

Policy _____ Group _____

MEDICAL TREATMENT CONSENT

I hereby give permission to Argonaut Jr. Mustangs to acquire any and all medical care prescribed by a duly licensed Doctor of Medicine for _____, as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my child.

Signature _____ Relationship _____

Date _____

2009

DECLARATION OF REGISTRATION INFORMATION

With your signature, this form registers your child with the Argonaut Jr. Mustangs Youth Football and Cheer program, and allows us to freely assign him/her to a designated team. By signing this form, you declare all of the information provided by yourself or any other person on this form is true and complete to the best of your knowledge. You understand that any false information given is a direct violation of eligibility rules, and the athlete and the parent or guardian involved may be disqualified from the Mother Lode Youth Athletic Conference.

Signature _____ Relationship _____

Date _____

PARENT EQUIPMENT AGREEMENT;

You agree to return all issued equipment and uniforms at the end of the season and are financially reliable for its replacement at full cost to the Jr. Mustangs within 30 days after the end of the season. (\$350)

Parent's signature _____ Date _____

Participant's signature _____ Date _____

VOLUNTEER HOURS

I agree to work a minimum of 2 volunteer shifts, equivalent to 4 volunteer hours per child during the season. I understand that not working my volunteer hours could result in a loss of play time or cheer time for my child.

Signature _____ Date _____

I have received a copy of the Parent Handbook.

Signature _____ Date _____