

MEHLVILLE PANTHERS JR. FOOTBALL ASSOCIATION, INC.  
REGISTRATION FORM

**Player Information:**

Players Name: \_\_\_\_\_ Nick name: \_\_\_\_\_ Fall Team: 6 7 8  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade during season: \_\_\_\_\_ Middle School: \_\_\_\_\_

**Parent/Guardian Info:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Medical Info:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_  
Group #: \_\_\_\_\_ Member #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Payment**

Please make checks payable to **Mehlville Panthers Jr. Football Association, Inc.** or **MPJFAI**  
Amount: \$325 (**Includes** \$100 refundable Fund Raiser / Security Deposit.) Each player is required to participate in the team fundraiser to be eligible for the full refund of your Fund Raiser / Security Deposit. **NOTE:** If Fund Raiser and equipment turn in requirements are met a check will be issued to you after the banquet.

**How did you hear about MPJFAI?** \_\_\_\_\_

**(If from a friend please include name of friend)**

**Consent**

I hereby certify that I am the parent/legal guardian of the above named minor and, as such, accept full responsibility for the care and return of the equipment and uniform issued by the Mehlville Panthers Jr. Football Association, Inc. I promise to return the equipment and uniform issued to me in its entirety and in the same condition as when issued. I agree to pay for the replacement of any damaged or lost items. If the equipment or uniform is not returned, I will be held responsible for the value of the items, as well as any attorney's fees and/or the cost of any court action incurred recovering the value of the items. I also absolve the Mehlville Panthers Jr. Football Association, Inc. of all liability for any injury sustained by this minor as a result of his/her participation in this program, and accept full responsibility for any medical expenses incurred thereby, either by private insurance coverage or personal liability.

I agree to the above terms, and give full consent for participation.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

---

MPJFAI use only

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Amount paid: \_\_\_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_