

REGISTRATION FORM

2018 Mary Our Queen Football

Parochial Athletic League

Open to all fall 2018 6th, 7th & 8th grade boys

Must be enrolled in a parochial 5-day school or CCD Program

Questions can be directed to Jerry Rempe at jerryr@omahasteaks.com or 402-253-6660

Registration Deadlines & Fees:

Early Registration: Due **May 1st** & Fee = **\$150.00**

Final Registration: Due **May 1st** & Fee = **\$175.00**

(Registration must be received by 5/1 for discount)

Equipment Deposit = **\$100.00**

(Please, separate check dated 8/1/18)

Mail Forms To:

Mustang Football

c/o Jerry Rempe

5019 S. 174th Street

Omaha, NE, 68135

Registrants Information:

Name: _____ Current Grade: _____

Address: _____

Home Phone: _____ Parish: _____ **(Circle One) 5-Day or CCD**

Parent/Guardian: _____ Cell: _____

Address & Phone (if different): _____

E-mail: _____ Lives with (Both) (Father) (Mother) (Guardian)

Please list any medical condition that the coaching staff should be aware of:

Equipment Deposit Note: MOQ football equipment is only to be used during team practices and games. Players are responsible for any damages. Damages will be covered by the deposit check if necessary.

I acknowledge that the player and I have read, understand and will abide by the following Mary Our Queen Athletic Committee Approved Policies Regarding Parish Sports Programs policies found on the Mary Our Queen Church website (www.maryourqueenchurch.com): (1) MOQ Player Commitment, (2) MOQ Parent Code of Ethics, (3) Youth Coaching Guidelines and (4) Mary Our Queen Youth Football

I, the parent/guardian of the registrant, a minor, do hereby recognize the possibility of physical injury associated with football, I hereby, release, discharge, and/or otherwise indemnify the MOQ Football Club, its affiliated organizations and sponsors (including, without limitation, Mary Our Queen Parish, the Mary Our Queen Football Directors/Coaches and the Mary Our Queen Athletic Committee), their employees and associated personnel, including the owners of the facilities utilized for football, against any claim by, or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to and from the same which transportation I authorize. As a parent or legal guardian of the above player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are medically necessary.

Signature of Parent/Guardian: _____ Date: _____

Committee Use:

Registration Fee: Amount: _____ Check# _____ Date Rec'd _____

Equip. Deposit: Amount: \$100 Check# _____ Initials _____

(Need separate checks made out to: Mustang Football)