

(Turn in to Field Supervisor)

MIGHTY MITES, INC.

Springfield, MO

www.mightymitesfootball.org

**Registration Field –
(Please Check One)**

**PLEASE NOTE PARTICIPANTS WILL BE
REQUIRED TO TRAVEL TO PLAY SOME OR
ALL THEIR GAMES.**

- | | | | |
|------------|--------------------------|-------------|--------------------------|
| Meador | <input type="checkbox"/> | Nixa | <input type="checkbox"/> |
| Ewing | <input type="checkbox"/> | Rogersville | <input type="checkbox"/> |
| Ava | <input type="checkbox"/> | Sparta | <input type="checkbox"/> |
| Buffalo | <input type="checkbox"/> | Spokane | <input type="checkbox"/> |
| Fair Grove | <input type="checkbox"/> | Strafford | <input type="checkbox"/> |
| Fordland | <input type="checkbox"/> | Willard | <input type="checkbox"/> |

REGISTRANT INFORMATION (PLEASE PRINT)

Player's Name _____ Home Phone _____

Address _____ E-mail _____

City _____ State _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Parent's Name _____ Work Phone _____ Cell _____

Parent's Name _____ Work Phone _____ Cell _____

Number of years in Mighty Mites? 0 1 2 3 4 5

Registration Fee \$25.00

Total Paid _____

Helmet Rental \$15.00

Cash

Pad Rental \$15.00

Check Check # _____

NAME OF PHYSICIAN _____

RELEASE

The undersigned, as parent or legal guardian of the above-named registrant, hereby acknowledges he/she has or will read the Handbook describing the Mighty Mites Youth Football Program for this year and consents to the participation by the registrant in the Mighty Mites Youth Football Program for this year. The undersigned acknowledges the risks associated with participation in full contact football activities and athletic programs and understands that injuries may occur, even with the use of protective equipment, ranging from minor to severe, including paralysis, permanent disability, disfigurement, and/or death.

In consideration of the permission granted to said registrant by Mighty Mites, Inc. to participate in its full contact youth football program, the undersigned, on behalf of himself, the minor registrant, and their heirs, executors, administrators, guardians, conservators, or assigns, do hereby waive, release, hold harmless and forever discharge Mighty Mites, Inc., the Springfield Park Board, City of Springfield and all other municipalities, park boards, other organizations and school districts where the program is conducted and each of their respective agents, employees, field supervisors, coaches, game officials, officers and directors from all claims, liability, demands, actions, judgments and executions for damages which the undersigned and/or registrant ever had, now has, or may have, or claim to have for personal injuries, and/or injuries to property, sustained by said registrant or the undersigned arising out of their participation in the Mighty Mites Youth Football Program. THIS IS A FULL RELEASE.

The undersigned further represents to Mighty Mites, Inc. that the registrant is in good general health and is physically able to participate in this program, and the undersigned assumes full responsibility for the registrant's physical condition to participate in the program. The undersigned shall also be responsible for and assume all liability for having said registrant examined by a physician before participation in any program game.

The undersigned AUTHORIZES THE ABOVE-NAMED REGISTRANT TO PARTICIPATE IN THE MIGHTY MITES YOUTH FOOTBALL PROGRAM FOR THE FIRST TWO WEEKS OF THE MIGHTY MITES SEASON REGARDLESS OF WHETHER SAID REGISTRANT HAS SUBMITTED A PROPERLY EXECUTED MIGHTY MITES INC. HEALTH EXAMINATION FORM PRIOR TO THE START OF THE SEASON. The undersigned acknowledges that UNDER NO CIRCUMSTANCES SHALL ANY REGISTRANT BE ALLOWED TO PARTICIPATE IN A MIGHTY MITES YOUTH FOOTBALL PROGRAM GAME WITHOUT HAVING FIRST SUBMITTED A PROPERLY EXECUTED MIGHTY MITES INC. HEALTH EXAMINATION FORM.

The undersigned understands and agrees that the football equipment that I am renting is in proper condition and includes all necessary parts, such as helmet jaw pads, forehead pad and liner pad. I also understand that ANY defacing, altering, modifying, permanently marking or other action resulting in damage to the helmet or shoulder pads WILL result in charges to me to repair or replace the equipment.

Date _____

Signature of Parent or Legal Guardian _____