

Monroe Wee Hornet Football Association

Sign -up Registration Form

Name: _____ Date of Birth: _____ Age by Oct. 1st: _____

Address: _____ Phone: _____

Parents: _____

Custodial Parents, if different from above: _____

Emergency Contact Person & Phone: _____

School Child Attends: _____ Grade in School: _____

Weight: _____

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_____ I do hereby give permission for my child _____ to play in the Butler County Youth Football League.

_____ I shall provide a Birth Certificate for the above child.

_____ I agree to return, upon request the equipment issued to my child in "as good condition as received" except for normal wear & tear or agree to purchase new equipment as replacement.

_____ I, the undersigned assume full responsibility and hereby release Wee Hornet football, it's Board of Trustees, coaches & volunteers against any injury or loss resulting for his/ her participation of the association.

_____ I agree to return all fund raiser money, no candy will be returned. I understand that my child may not receive a uniform or play until all fees & and fund raiser monies owed are paid in full.

_____ I understand that I will be assessed a charge of \$35.00 for any returned checks.

Parent/ Guardian Signature: _____ Date: _____

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Note: This Association does not pay wages to any of its members & is strictly ran on voluntary help. In order for us to operate we appreciate the help of parents. Are you interested in any of the following?

Head Coach: _____

Asst Coach: _____

Concessions: _____

Admissions _____

Sponsor: _____

Board Member: _____

Team Mom: _____

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W.H.F. Use Only

Registration fee paid: _____ by Cash: _____ Check # _____

Signature of Collector _____ Date: _____

Make Checks Payable to W.H.F, and Mail to:

P.O. box 238

Monroe, Ohio 45050-0238