

PHOENIXVILLE MARIAN YOUTH CLUB FOOTBALL

Name: _____

Address: _____

Phone: _____ Age: _____

Birthdate: _____ Email: _____

Parent/Guardian: _____

Phone (where parent may be reached): _____

School: _____ Grade: _____

Previous Team: _____ Weight: _____

Parent's Consent

I, _____ give my consent for _____
(Parent or guardian's name) (child's name)
to participate in the _____ league to be sponsored by the
(name of sport)

Phoenixville Marian Youth Club for the _____ season.

I hereby assume all responsibilities that may arise from said league which may include dismissal from a team for conduct detrimental to PMYC Rules.

I also understand that in the event of any injury to my child while participating in the sport as indicated, I will be responsible for any expenses not covered by my personal Hospital Insurance.

NAME OF FAMILY HOSPITALIZATION PLAN

Date: _____ Parent's Signature _____

PHYSICIAN'S CERTIFICATE

I have examined the general physical condition of

_____ and find

(child's name)

said person to be physically fit to participate in PMYC Football during the sport season as indicated by the date of the examination and by my signature.

SPORT: _____ Season: _____

Date of Exam: _____

Physician's Signature: _____

Physician (Print): _____

Please fill out and bring to sign-ups.
DO NOT FILL IN WEIGHT
PMYC will weigh in all children

Location for sign up:
Phoenixville Marian Youth Club Fieldhouse
Charlestown Park

For more Information on football call:
Dave Gyuris at 610-972-9933
Charlie Card at 610-716-6044
E-mail him at: football@pmycsports.com

Flag football and Cheerleading call:
Mike Ellis at 610-917-0587 or
E-mail him at: mikeellis3@yahoo.com