

(Office Use Only)  
 \_\_\_\_\_ Birth Cert.  
 \_\_\_\_\_ Physical  
 \_\_\_\_\_ Photo  
 \_\_\_\_\_ Worker Fee

(Office Use Only) Shifts Worked  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Office Use Only)  
**Jersey Size & Number**  
 \_\_\_\_\_

**2010 Morris Chiefs Registration Form**

P.O. Box 151, Morris, IL 60450 \* www.morrischiefs.com

Football Player  Cheerleader

Name of Participant		Male [ ] Female [ ]	
		*Football – Weight _____ Date: _____	
Mom/Guardian		Home Phone	Work #
			Cell #
Dad/Guardian		Home Phone	Work #
			Cell #
Street Address		Mailing Address (if different) or Second Parent	
Town		IL	Zip Code
Age as of Sept. 1, 2010	Date of Birth	<b>GRADE AS OF SEPT. 1, 2010</b>	
		E-Mail Address:	
Doctor	City	Insurance Company	Policy Number
Emergency Contact (other than parents)		Relationship	
		Phone Number	

**Medical Release:**

Consent for emergency medical treatment for my **son/daughter** (circle one) \_\_\_\_\_, I hereby authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted after an effort has been made to reach me. This release is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I understand that I am legally responsible for all medical expenses incurred by this decision. This would include and is not limited to the arrangements made to get medical treatment of such said child.

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

**Fundraising and Volunteer Agreement:**

I understand that the Morris Chiefs is a volunteer organization and is only as strong as its volunteer base. I am responsible to pay a **\$75 worker fee per child** and volunteer my time **at least three times per child** throughout the season. My worker fee will be returned / refunded to me when I turn in all equipment and have worked at least three shifts per child. I also understand that **I am required to participate in ALL fundraising events**, unless I pay a **\$300 fundraiser exempt fee** at the time of registration. **All fees must be paid in full by equipment hand out day (date to be announced).** If fees are not paid by Jamboree, your child will not be able to participate in any game until they are paid in full.

**Refund Policy:**

I understand that a **full refund** (minus jersey/cheer wear cost) will be paid up to the first week of practice. **NO REFUNDS** will be issued after the first week of practice. All refunds must be approved by the Morris Chiefs Board.

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

Participation Fees	Amt Due	Amt Pd	Chiefs Initials
Football Player _____ Cheerleader _____	\$125.00/child		
Late Registration Fee *if signing up after Sept. 1, 2010	\$50.00/child		
Worker Fee *to be refunded only if 3 shifts per child are worked	\$75.00/child		
Fundraiser Exempt Fee *otherwise must do ALL fundraisers	\$300.00/family		

Total Amt Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check #: \_\_\_\_\_

**Football Jersey Number Choices:** Choice #1: \_\_\_\_\_ Choice #2: \_\_\_\_\_ Choice #3: \_\_\_\_\_