**M. B. S. Parish Athletic Association**

***FLAG FOOTBALL 2017-2018***

**Registration Form**

**(ADDITIONAL REGISTRATION FORMS ACCESSIBLE @ mbsbr.org)**

REGISTRATION DEADLINE: **Friday, August 25th**

COACHES/PARENTS MEETING: **Sunday, August 27th @ 6:00pm IN THE OTT CENTER**

**PLEASE CIRCLE DESIRED DIVISION:**

**GRADES:** K-1 DIVISION I **GRADE:** 2 DIVISION II

**PLEASE PRINT:**

Child’s Name: **\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Grade**: \_\_\_\_** Sex: M F

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age: **\_\_\_\_\_**

Home Telephone: **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_** D.O.B. **\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

Father’s Name: **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone #  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

Mother’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_** Cell Phone # **\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email address (es): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Child Attends: **\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Team Requested (optional) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD SHIRT SIZE (Please Circle):** YSM YMED YLG ASM AMED

**PARENT VOLUNTEER OPTION (Please Circle):** HEAD COACH ASST. COACH

*(Special Note: Our league depends heavily on our volunteer coaches, please consider this option when registering your child)*

**PARENT VOLUNTEER SHIRT SIZE (Please Circle):** ASM AMED ALG AXLG AXXL AXXXL

**LEAGUE FEES (Please Indicate): MBS PARISHONER NON-PARISHONER**

FLAG FOOTBALL $65.00 $75.00

Please make checks payable to MBS ATHLETICS ($150.00 Max/family for parishioners & $170.00 Max/family for non -parishioners)

**\*\*MANDATORY\*\***

**All coaches and assistant coaches must complete a Child Protection Course**

**and have a background check before the season begins.**

I/We agree to do our share of concession work (**16 & older, no children please)** and field duty (grounds maintenance and trash pickup). I/We also understand that I/We are responsible for any injury or liability that may occur during the sport listed above. I/We have medical insurance and/or are financially able and will pay for any medical bills that are incurred as a result of any injury or liability. I/We give permission to the coach or other responsible person to seek medical aid if I, my spouse or guardian is not present.

**PARENT/GUARDIAN SIGNATURE**:

PLEASE RETURN COMPLETED FORMS WITH FEES TO MBS SCHOOL OFFICE. FORMS CAN BE MAILED TO: 8033 BARRINGER RD. BR, LA 70817

ATTN: Mike Connors Asst. MBS A.D. PHONE # (225) 252-0175 [mconnors@mbsbr.org](mailto:mconnors@mbsbr.org)

(or) ATTN: Christine Rabalais, MBS A.D. Email: chrabalais@mbsbr.org Office #: (225) 751-9479