

MANASSAS SHARKS



YOUTH
FOOTBALL
LEAGUE



Building Character through Football

Football Camp



June 15th – June 19th

6 pm – 8 pm

Mayhew Park

(Home of the Manassas Sharks)

Grades K through 8



Each player will rotate through a different skill station each night learning each position's techniques.

Cost: \$50 or \$35 (when you register for Tackle)

For information or to register:

(571) 242-9816

OR



www.MYFLSharks.org



Manassas Youth Football League

2009 SHARKS SKILLS FOOTBALL CAMP REGISTRATION APPLICATION



LAST NAME (Player's):	FIRST NAME, MI:	NICKNAME (if any):
DATE OF BIRTH:	HOME ADDRESS:	CITY, STATE, ZIP:
AGE AS OF OCTOBER 1, 2007	HOME PHONE:	ELEMENTARY SCHOOL DISTRICT:

EXPERIENCE:	GRADE IN FALL:	WEIGHT:
	Projected Wt. Class:	
	AB 75# 85# 95# 110# 125# 150#	

<ul style="list-style-type: none"> Full Refunds given prior to June 1 Late Registration June 9-19: \$75 Returned Check Fee is \$30 		7	8	9	10	11	12	13	14	15	16
Tackle Football Details	AB		UNL	90	55						
Player Age in chart as of October 1 st	75#		95	85	80	75					
Registration fee: \$115 Thru Feb. 28;	85#			105	95	90	85				
\$135 thru May 31; \$150 beg. June 1	95#				115	105	100	95			
	110#					130	120	115	110		
	125#						145	135	130	125	
	150#							170	160	155	150

Please initial on lines for acceptance:

_____ ***As parent/guardian*** of the child registered here on, I give approval for the child's participation in this activity, assume all risk of participation including transport to and from the activity, and waive, absolve and agree to hold harmless Manassas Youth Football League (**MYFL**), PWCYFC and FCYFL including their organizers, directors, supervisors, coaches, sponsors, participants and any persons transporting said child to and from activities, for any claim arising out of any injury to said child.

_____ ***I hereby grant Manassas Youth Football League*** (including but not limited to organizers, directors, supervisors & coaches) my consent to seek emergency medical attention for my son/daughter should the need arise during the course of the season. I understand this consent will only be enacted in my absence.

_____ ***I attest*** that the above information is true and correct to the best of my knowledge and have been informed that knowingly falsifying registration content may result in sanctions against my child's participation.

PARENT/GUARDIAN:	SECOND PARENT/GUARDIAN:
ADDRESS (if different than Child):	WORK PHONE(s):
E-MAIL(s):	CELL PHONE(s):
SIGNATURE:	DATE:

Mail in registration to:
 MYFL, PO Box 1574, Manassas, VA 20108
 *Registrations w/out payment will put your child on a waiting list.