

# PLEASE RETURN THIS FORM WITH PARTICIPATION FEE OF \$75

Cut along dotted line and return this portion with fee.  
To: BYAA, P.O. Box 432, Brainerd, MN. 56401 Questions?

Please call or text Tim Hill @ 218-251-8287

## PLEASE PRINT CLEARLY

Players Name: \_\_\_\_\_ Weight \_\_\_\_\_  
required

Parent/s Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Text: Yes / No

2019 School: \_\_\_\_\_ Grade 2019-20: \_\_\_\_\_

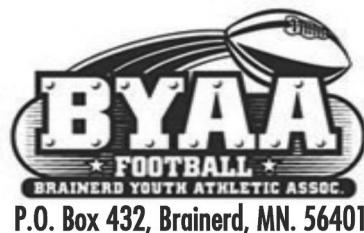
What elementary school did you attend last year (2018-19)?  
\_\_\_\_\_

Did you play football last season? Yes / No

What team? \_\_\_\_\_ Coaches Name: \_\_\_\_\_

Yes, I am interesting in helping coach: Lead Assistant

**PLEASE COMPLETE FRONT AND BACK**



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Permit No. 471



## 2019 FOOTBALL LEAGUE 4TH & 5TH GRADE TACKLE FOOTBALL

### Registration & Free Skills Clinic

**When:** Monday, August 12

**Where:** Forestview Football Field #4

**Time:** 5:30pm to 6:00pm Registration

6:00pm to 7:15pm Skills Clinic

### Instructors:

Warrior Varsity, Coaching Staff & Players

Wear shorts, t-shirts, spikes, etc.

### FREE T-shirt Included

Equipment handed out at Forestview Equipment Building  
(Located behind tennis courts)

**Saturday, August 17 from 8:00 am– 9:30 am**

### PARENT MEETING AND PLAYERS FIRST PRACTICE

**Monday, August 19th**

Forestview Middle School

Parent Meeting 5:00 to 5:30 (Cafetorium)

Players 1st practice 5:30 to 7:00 (FV Fields)

For Information Updates, **Text** the following:

Enter this number: **81010**

Text this message: **@byaa2**

This form **MUST** be completed by parent before playing in the BYAA League.

### Does this child have a past history of:

- |                                |           |          |
|--------------------------------|-----------|----------|
| 1. Heart Disease               | Yes _____ | No _____ |
| 2. Epilepsy or fainting spells | Yes _____ | No _____ |
| 3. Diabetes                    | Yes _____ | No _____ |
| 4. Asthma– Wheezing            |           |          |
| shortness of breath            | Yes _____ | No _____ |
| 5. Bruising of bleeding easily |           |          |
| or blood disease               | Yes _____ | No _____ |

## PRINT ALL INFORMATION CLEARLY

If yes to any of the above, a physician written approval will be required to participate. Falsification of information will result in ineligibility of the player. We as parents or guardians, do hereby agree to all responsibility for any illness, or injuries sustained by: Print Clearly!

\_\_\_\_\_  
Players Full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Players Date of Birth

While practicing, playing, be transported, or involved in activities under the jurisdiction of the Brainerd Youth Athletic Association. We also agree to identify and hold the Brainerd Park and recreation Department, ISD 181, and the Brainerd Youth Athletic Association and its representatives and the City of Brainerd from any and all damages while participating in youth athletics.

By signing, parent or guardian states that their son/ daughter is physically fit to participate in the Brainerd Youth Athletic Association. Print Clearly!

Parent or Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/ Day/ Year)

Emergency Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_