



Mukwonago Braves 5th , 6th, 7th and 8th Grade Tackle Football

Visit our web site: www.bravesfootball.org

The Program:
27th season of youth football

The Mukwonago Braves Tackle Football program is a member of the All-American Youth Football League (AAYFL) of Southeastern Wisconsin. The Braves are community sponsored, not school sponsored and operates with an all volunteer staff. Equipment (helmets, shoulder pads, etc.) is purchased through Donations, Concession profits, and Program Ad sales. ***The Braves are supported, trained, under the direction of Mukwonago High School Head football Coach Bill Schulte and staff.***

Who Can Play:

Any Student living in the Mukwonago School District (including private schools) entering 5th, 6th, 7th or 8th grade in fall of 2010, who's 15th birthday is not before November 7, 2010.

How to Join:

A player and parent registration meeting on Tuesday, January 12th 2010 and Tuesday, February 16th 2010 at 6:00pm in the Park View Middle School cafeteria. Players and parents will be introduced to the coaching staff, followed by an informational meeting. PLEASE BE THERE!! If you cannot attend on one of these dates, please call the number below.

Cost to Play:

The cost to equip a player and other expenses for the season is \$200.00. We do not limit or cut, we provide everyone the opportunity to play. You will need to pay \$200.00 at sign-up of the player, there will be a late fee of \$25.00 if you sign up after the player and parent registration meetings. This is the only charge you will have for Braves Football. Parents will have to work the concession stand, once or twice a year. There is a set limit of \$350.00 per family.

Power Option: Camp

Thursday, July 29th, 2010 thru Saturday, July 31st, 2010. A highly recommended pre-season tool designed to emphasize basic football skills and techniques. The camp is coached by the High School Football staff and Braves coaches for both the beginning and intermediate football players.

First Practice:

The first practice for all Braves players will be Saturday, August 7th, 2010 at 8:00am. A practice schedule will be handed out at that time. Wear T-shirts, shorts, supporter, socks, and either football shoes or gym shoes to practice. The first week of practice will consist of conditioning. Practice will be held three times per week once school begins. Please note that practice is held at the Mukwonago High School on the football practice fields. The annual scrimmage will be held on August 28th 2010 this year.

*****Helmets—Not for spearing or striking***.**

The Games:

The 8th grade teams will play at 9:00am on Saturday Mornings. The 7th grade will follow the 8th (approx. 10:30am). The 6th grade will follow the 7th (approx. 12:00pm). The 5th grade will Follow the 6th (approx. 1:30pm). WIAA certified officials referee all games and medical personnel are available at practice and games. Home Games are played at the Braves Game Field, Miniwaukan Park. Our first games will be on Saturday, September 11th 2010.

Transportation:

It is suggested that parents car pool their players to and from the games. The football season will end in early November.

Physical Examination Wavier: Your school may require physical exams; the Mukwonago Braves do not require them. The parent(s)/guardian(s) must sign the waiver and release of liability section on the registration form.

Any Pertinent Questions please contact the following:
 Craig Vertz, President 262-363-2147 (Home)
 Email: braves@bravesfootball.org



Mukwonago Braves Football, Inc.
 S98 W36993 Juniper Lane Eagle, WI 53119
 Craig Vertz, Pres. 363-2147 Mike Hein, Treas. 894-0161
 www.bravesfootball.org



**Wisconsin All-American Youth Football League
 2010 Participant Application Form**

PLAYER: _____ HOME PHONE: _____
 (Last) (First) (M.I.)

EMAIL: _____ AGE: _____ BIRTH DATE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

High School District of Residence: _____ Grade in fall: _____ School to attend: _____

FATHER'S NAME: _____ Home Phone: _____ Cell Phone: _____

MOTHER'S NAME: _____ Home Phone: _____ Cell Phone: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE, program it's related events and activities, I _____, the undersigned acknowledges, appreciates, and agrees that:
 Participant

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE FROM THE NEGLIGENCE OF THE RELEASEES** of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazards during my presence or participating, I will remove myself from participating and bring such to the attention of the WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the full extent permitted by law.

I HAVE HEREBY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARY WITHOUT ANY INUCEMENT.

X _____
 Participant's Signature: AGE Date Signed

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____ () _____
 Parent/Guardian's Signature: Emer. Phone Date Signed