

▲ MES Seminoles Football Team Registration Form ▲

Dear Athletes / Families,

The MES Seminoles is an Elite and Premier Competitive Youth Tackle Football Program. Seminoles are primarily constructed of adolescents between ages 10 to 12.

MES Seminoles Football Team accepts all players for tryouts. The team goal is to win, even off the field!! All Seminoles must be Fast, Strong, Smart, Discipline, and with Character. All players who consistently attend, participate in, and execute the Seminoles Playbook efficiently will be named as a Starter. Starters will receive most of the playing time, therefore, all other players on the 30-person roster will be placed on either the 2nd or 3rd Team.

The 2024 Fall Practice Schedule is **Mondays and Wednesdays from 4:30pm to 6:30pm, Fridays from 12:35pm to 2:15pm SHARP, on the roof of EBCS**. MES Seminoles practice in a safe and controlled environment with private security. **2024 Season games are most likely to be on Saturdays, with possible Sundays.**

Please complete the full MES Seminoles Registration Form below or scan the QR Code below. Registration payments, **are one-time annual fees**, can be made to MES: **Cashapp: \$MESMURPHNETT1 OR Zelle: (347) 869 – 4396**. Any questions contact CEO / Coach Murphy at (347) 869 - 4396. [Cash payments go directly to CEO / Coach Murphy.](#)

Scholar's Name

--



Parent Name

--

Parent Phone Number

--

We/I, the undersigned, being the parent(s)/legal guardian(s) of the above-named athlete, understand that he will be participating in the 2024 MES Seminoles Football Program starting May 2024 until the end of the entire 2024 Seminole Season, within the Excellence Boys Charter School of Bedford Stuyvesant under the guidance of MES Coaches. **We/I** give said child permission to participate in all such activities. **We/I** assume full responsibility for the attendance of said child and **we/I** hereby agree not to hold MES, Excellence Boys Charter School of Bedford Stuyvesant or any of their personnel responsible for any and all liabilities arising from any accident as a result of travel to and from and participation in such activities.

We/I, the undersigned, being the parent(s)/legal guardian(s) of the above-named child, a child of _____ years of age, do hereby authorize nurses, physicians, surgeons, or dentists chosen by personnel of MES and/or Excellence Boys Charter School of Bedford Stuyvesant to furnish whatever medical or surgical care or management they may reasonably deem necessary for the wellbeing of said child while the child is attending this MES Seminoles Workout Session.

Parent(s) Signature: _____

Parent(s) Print Name: _____

Date: _____

Email: _____

