

Youth Flag Football 2010

Registration Form

MUST BRING BIRTH CERTIFICATE WHEN RESIGSTERING PARTICIPANT!!!!!!

Child's Name: _____ **Phone#:** _____
Additional Phone #: _____ **Male / Female (Circle one)**
Parent/Guardian: _____ **Email:** _____
Emergency Contact: _____ **Phone#** _____
Siblings in Same Age Division: _____

Coaching Preference (May or may not be with requested coach) _____

Age (as of September 1st of current year) _____

Please Circle 6 & Under (4 is the youngest) 9 & Under 12 & Under

Shirt Size: YS YM YL AS AM AL AXL

Are you a parent that is interested in coaching? Y or N

Name: _____ **Phone#:** _____ **Age group** _____

Additional Comments in case of emergency (allergies, medications, etc):

Method of Payment (\$50 per participant)

Please Circle: credit card, check, cashier's check, cash

Amount: _____

Waiver of Liability

I hereby assume all risk of injury associated with my participation, or my child's participation, in Galloway Hammond Recreation Center League activities. I further agree to release, discharge, indemnify, and hold harmless the City of Burnet and its employees, officers, directors, representatives, agents, volunteers, invitees, contractors, referees, and other league participants from and against any claims, costs, expenses and liability of any kind, including reasonable attorneys' fees, arising out of, or relating to, my participation, or my child's participation, in a Galloway Hammond Recreation Center League event, including without limitation, any claims, costs or expenses for personal injury sustained by me or my child.

Medical Waiver

I, as the undersigned participant, or parent or legal guardian of a minor participant, do hereby authorize Galloway Hammond Recreation Center, its staff and league officials, acting in the capacity of the activity supervisors, to seek medical care from a licensed physician or hospital for any injury that arises out of my participation, or my child's participation, in league activities. In the event that I or my child requires emergency medical treatment and an emergency contact cannot be reached at the numbers identified above, I hereby authorize Galloway Hammond Recreation Center to make the necessary arrangements to transport me or my child to the nearest hospital/emergency facility. I give my consent for any and all medical treatment determined necessary by the treating physician.

X _____ X _____ X _____

Print Name

Signature

Date