

Eagles Youth Flag Football

2017 Registration Form

Child's Name _____

Child's Address: _____

Town: _____

School (Fall 2017) _____ Grade (Fall 2017) _____

Child's Age on September 1, 2017 _____ Date of Birth: _____

• Did you play last year?: _____

• Team Name _____

If played, what division:

• Pee Wee (5,6,7): _____

• Midget (8,9): _____

• Pony (10,11): _____

THE \$140 REGISTRATION FEE IS NON-REFUNDABLE

Mother's Name: _____ Mother's Address (if different than child): _____

Mother's Primary Phone: _____ Mother's Secondary Phone: _____

Mother's Email Address: _____

Father's Name: _____ Father's Address (if different than above): _____

Father's Primary Phone: _____ Father's Secondary Phone: _____

Father's Email Address: _____

YES! I would like to volunteer during the football season. You will be contacted by the Flag Director with details.

IMPORTANT (Please read and sign below)

- **The \$140 registration fee is non-refundable. (Check made out to Eagles Youth Football)**
- **Player is NOT guaranteed to be on same team as last year.**
- I grant Permission for my child to engage in flag football activities with the Eagles Youth Football & Cheerleading program for the 2017 season
- I agree to abide by the rules and regulations set forth by the league's Board of Director's and/or team's coach.
- I agree to accept full responsibility for any equipment or uniforms provided to my child and will reimburse the league for equipment lost or damaged through negligence.
- I state that my child is medically and physically fit to participate in this program.
- I authorize emergency treatment for my child, named above, during the 2017 season
- I understand that the League's medical insurance is supplemental to the individual's personal insurance and that I am responsible for any deductible that may apply.
- I understand that there is a risk of serious injury with this activity including the potential for permanent paralysis and death.
- I agree to hold harmless the League, its coaches, its volunteers, its sponsors, its Board of Directors, the Town of Wethersfield of all injuries sustained while participating in this program.
- I swear and attest to the age of my child as stated on this form.
- I have read this release, fully understand its terms and sign it freely and voluntarily without any inducement.

Signed: _____ Date: _____

For League Use Only

Payment Type: **Full Amount Paid:** Y/N **Cash:** _____ **Check #** _____