

CCAC Youth Flag Football Sign Up Form

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
HM PHONE \_\_\_\_\_ DOB \_\_\_\_\_  
MEDICAL CONDITIONS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
EMERGENCY CONTACT NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

PARENT INFORMATION

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_  
FATHER \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME EMAIL ADDRESS \_\_\_\_\_  
SPECIAL CONSIDERATIONS \_\_\_\_\_

INTERSTED IN COACHING OR ASSISTING YES NO (CIRCLE ONE) SHIRT SIZE IF YES \_\_\_\_\_  
(COACHES MUST ATTEND CERTIFICATION PROGRAM)

PARTICIPANTS YEARS OF EXPERIENCE \_\_\_\_\_ PREVIOUS POSITIONS \_\_\_\_\_  
SHIRT SIZE: YS YM YL AS AM AL AXL AXXL SHIRT # \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_

AGE GROUP (circle one): 9-12 years old 13-17 years old

**COST**

\$45/player (includes t-shirt) \_\_\_\_\_ X \$45 = \_\_\_\_\_

TOTAL \_\_\_\_\_

\*\*\*\* NO REFUNDS

For more information call the CCAC at 269-6663

PLEASE READ CAREFULLY AND SIGN BELOW

**PLAYERS NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**ALLERGIES/MEDICATIONS/CONDITIONS** \_\_\_\_\_

**FAMILY PHYSICIAN** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

I, the undersigned parent or legal guardian of the minor participant, hereby authorize the coaches, assistant coaches or program supervisors as my agent to consent to emergency medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact person.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WAIVER OF LIABILITY/DISCLAIMER/PERMISSION**

I, the parent or guardian of the above named participant, understand that this activity may involve some risk of injury. By signing below, I release the facility, the program Directors, Coaches and all associated with the program, from any and all claims arising from illness, injury, death or damages that may occur while participating in the youth flag football program.

I attest that my child is physically capable of participating in this program.

I also authorize the use of my child's name and photograph in any legal promotion of this program, including broadcasts, news releases, telecasts or written accounts while participating in this program.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_