

**NORTH OSAGE FLAG FOOTBALL REGISTRATION**

PLEASE PRINT CLEARLY

PLAYER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ MALE / FEMALE \_\_\_\_\_ SHIRT SIZE (YOUTH SIZES) S: (6-8) M: (10-12) L: (14-16)

PARENT/GUARDIAN NAME: \_\_\_\_\_ ADULT SHIRT SIZES: S M L XL

ADDRESS: \_\_\_\_\_ ADDITIONAL PARENT SHIRTS \$8.00 \_\_\_\_\_ \$ \_\_\_\_\_  
No. of shirts Amount

CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ PARENT SHIRTS MUST BE PAID WITH PLAYER'S REGISTRATION OF \$29.00 PER PERSON.

PHONE # \_\_\_\_\_ OTHER# \_\_\_\_\_

**HOME TOWN PREFERENCE FOR TEAM AND PRACTICE:** (must fill in if you want your child place on your hometown team.)

**Name of Town:** \_\_\_\_\_

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**VOLUNTEERS NEEDED**

**COACHES ASSISTANT COACHES REFEREES** (PLEASE CIRCLE POSITION YOU ARE WILLING TO HELP WITH)

VOLUNTEERS NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ ALTERNATE # \_\_\_\_\_

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DRUG ALLERGIES \_\_\_\_\_ MEDICAL PROBLEMS \_\_\_\_\_

POLICY # \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

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\*\*\*\*\*PARENTAL CONSENT AND MEDICAL RELEASE\*\*\*\*\*

I HEREBY CERTIFY THAT ALL THE INFORMATION ABOUT THE AFORESAID PLAYER IS TRUE AND CORRECT. I REALIZE THIS FOOTBALL PROGRAM IS A NOT-FOR-PROFIT AND IS A VOLUNTARY PROGRAM INSTITUTED FOR THE BENEFIT OF CHILDREN IN OUR COMMUNITIES. THEREFORE, I HEREBY AGREE TO HOLD NO PARTY CONNECTED WITH THE (TEAM, SPONSORS, 434 SCHOOL DISTRICT OR THE ASSOCIATION), RESPONSIBLE FOR ANY INJURY TO MY CHILD WHILE INVOLVED IN ALL ACTIVITIES. IF MY CHILD IS INJURED, I HEREBY AUTHORIZE THE COACH OR TEAM MANAGER TO OBTAIN SUCH MEDICAL ATTENTION AS MY CHILD MAY NEED INCLUDING SURGERY FOR EMERGENCY SITUATIONS. I AGREE TO PAY ALL MEDICAL AND HOSPITAL CHARGES FOR MY CHILD'S TREATMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PARENT