

SCOTTSBORO COED FLAG FOOTBALL

2017 COED Flag Football Liability Form

Please Circle Age as of September 1, 2017 5-6___ 7-8___ 9-10___ 11-12___

Note: There is an option to "play up" one age group older if desired/needed. To select this option, write "P.U." on the next age group older and read waiver below carefully.

I (WE) WILL NOT HOLD THE SCOTTSBORO PARKS AND RECREATION DEPARTMENT OR ITS ASSOCIATES OR THE CITY OF SCOTTSBORO RESPONSIBLE FOR ANY INJURY THAT MAY OCCUR IN THE FORTHCOMING SEASON. I (WE) UNDERSTAND THAT IF THE OPTION TO PLAY ONE AGE GROUP HIGHER IS CHOSEN, THAT CHILD WILL HAVE TO STAY WITH THAT AGE GROUP FOR THE ENTIRE SEASON INCLUDING ANY POST SEASON TOURNAMENT. I (WE) DO HEREBY GIVE OUR PERMISSION FOR SAID PLAYER LISTED BELOW TO PARTICIPATE IN THIS PROGRAM. I (WE) GIVE THE REC * COM PERMISSION TO USE SPORTING EVENT PHOTO'S OF MY CHILD IN ADVERTISEMENT FOR THE RECREATION DEPARTMENT. _____ (PLEASE INITIAL)

PLAYERS FULL NAME _____

CALLED NAME: _____ AGE _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ MALE _____ FEMALE _____

PHONE #: _____ CELL #: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

INSURANCE COMPANY _____ POLICY NUMBER _____

PURCHASED SPORTS INSURANCE _____ (COST \$10) DATE _____

PARENT/GUARDIAN

(Print) Mother: _____ Cell # _____

(Print) Father: _____ Cell # _____

PARENT/GUARDIAN SIGNATURE: _____

***MONIES PAID FOR RECREATIONAL SPORTS AND ACTIVITIES ARE NON-REFUNDABLE UNLESS THE RECREATION DEPARTMENT CANCELS THE ACTIVITIES.**

SHIRT SIZE (CIRCLE) YS YM YL AS AM AL AXL

SCHOOL: _____ CASH: _____ CHECK: _____

PARENT CONTRACT ON BACK MUST BE COMPLETED