

2010

HAMILTON COUNTY FOOTBALL / CHEERLEADING APPLICATION

PLEASE FILL IN ALL LINES AND INFORMATION COMPLETELY (PLEASE PRINT)

PLAYER'S NAME as listed on Birth Document Age _____ DOB ____/____/____
Mo day year

STREET ADDRESS CITY / STATE ZIP Home / Cell PHONE

Email _____ Coach Last Season _____

Registration Fee \$55.00

(Helmet NOT include)

Junior Flag Football: for ages 5-6 years old not 7 before Sept 1st WS__JEN__JAS__

Flag football: is for ages 7-8 years old not 9 before Sept 1st WS__JEN__JAS__

Junior Midget / Cheer: 9-10 years old not 11 before Sept 1st WS__JEN__JAS__ Cheer__

Midget / Cheer: 11 to 13 years old not 14 before Sept 1st WS__JEN__JAS__ Cheer__
(Maximum playing weight for 13 years old is 125 lbs)

Participating in Football requires the ability to run. Additionally, participation requires the capacity to understand the rules of the game.

Does your child currently have any condition that limits his/her ability to participate in this activity? ____ If "yes" please explain and identify any modifications that would enable your child to participate. As well providing all information about allergies/medical conditions that the coach should have in case of emergencies.

I/We the parent(s) of the above named candidate for a position on a Football team, hereby give my/our approval to participate in any and all football activities, including transportation to and from all activities.

I/We know that participation in football may result in serious injuries and that protective equipment does not guarantee prevention of all injuries to players and do thereby waive, release, absolve, indemnify and agree to hold harmless the local Hamilton County Recreation Department, the organizers, sponsors, participants and any persons transporting my/our child to and from activities, from any/all claims arising out of any injuries to my/our child whether the result of negligence or for any reason other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

PARENT (S) OR GUARDIAN SIGNATURE (S): _____

PARENT (S) OR GUARDIAN PRINT NAME (S): _____

NAME OF FAMILY INSURANCE PLAN: _____

SCHOOL: _____

PARENT (S) OCCUPATION: _____ WK. # ____/____

SURVEY: WOULD YOU LIKE YOUR 7/8 YEAR OLD PLAY TACKLE FOOTBALL?

YES _____ NO _____