

SHELTON FLAG FOOTBALL LEAGUE REGISTRATION FORM

To be completed by parent or legal guardian only; PLEASE PRINT

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ CELL PHONE _____

DAYTIME E-MAIL ADDRESS _____

HEIGHT (APPROX) _____ WEIGHT _____ RETURNING PLAYER: YES NO

DOES CHILD HAVE A SIBLING ENROLLED IN SFFL? _____

PREVIOUS TEAM (IF RETURNING PLAYER) _____ ANY ALLERGIES _____

AGE (TO BE COMPLETED BY LEAGUE ONLY) _____ ASSIGNED TEAM _____

I – we, the parent(s) of the above named child, who is a candidate for a position on an SFFL team, hereby give my/our approval for his/her participation in any and all activities of the SFFL during the 2010 season. I/we assume all risks and hazards incidental to the conduct and activities and transportation to and from the activities, and release from responsibility any person(s) transporting my/our child to or from the activities. I/we do further hereby release, absolve, indemnify, and hold harmless, the SFFL, the coaches, organizers, sponsors, and supervisors, any and all of them. In case of injury to my/our child, I hereby waive all claims against the SFFL, coaches, organizers, sponsors, or any of the supervisors appointed by them. I/we agree to furnish a Birth Certificate of the above named candidate upon the request of League Officials. **I/we agree to be responsible for any uniform/equipment issued to my/our child, and agree to maintain and mend same while in his/her possession. I/we agree to return all equipment at the request of League Officials, or remit to the SFFL the sum of \$100 (one hundred dollars) to replace same. I/we agree to be present, or have another adult present at all practices and games. I/we agree to assist in fund raising activities.**

SPORTING PARTICIPATION – City of Shelton

The undersigned person(s) represents(s) to the **City of Shelton** that the undersigned:

- A). Is the natural or custodial parent or legal guardian of _____ a minor child.
- B). Acknowledges that it is there desire that the minor child participate in the SFFL program.
- C). Acknowledges that such a program is a contact sport.
- D). Acknowledges that the City of Shelton and/or any of its boards or commissions, does not maintain any type of medical or accident insurance for participants in this type of program.
- E). Acknowledges, understands, and agrees that the coaches, assistants, and officers of the SFF: are **volunteers**, who may or may not be trained in the sport.

The undersigned, having been made fully aware of these conditions, agrees to these conditions, and authorizes _____, the minor child, to be allowed to participate in this program, knowing the City of Shelton and the volunteers involved in the program rely on these representations.

Signed: _____ **Date:** _____
Parent or Legal Guardian JCG 12/09