

AMADOR FLAG FOOTBALL LEAGUE

Registration Form 2008

Season Runs: October 19th, through November 23rd, 2008

All games will be played at the Jackson Junior High (A: 1st, 2nd, 3rd) (B: 4th, 5th, 6th) (C: 7th, 8th)

Circle age group and return form to: ACRA Flag Football, 10877 Conductor Blvd. Ste. 100, Sutter Creek 95685

- Attn: Tracey Towner-Yep

Player's Name: _____ Grade: _____ School: _____ Age: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birthday: _____

Uniform Shirt Size: circle one

Child: S M L

Adult: S M L XL

Yes I have coached and would like to coach again: Name: _____ Phone: _____

Yes I would like to coach this year: Name: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Child's Physician: _____ Phone: _____ City: _____

Insurance Carrier and Group/Policy #'s: _____

Please indicate any physical limitations (allergies, asthma, hearing, sight etc.) _____

In case of an emergency and the family physician cannot be located I authorize the attending physician to administer medical treatment.

RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

The Amador County Recreation Agency (hereinafter ACRA), its officers, trustees, agents and employees and any co-sponsor of this activity, are not responsible for any claim, loss, injury(ies), liability, or any and all negligence, including active and passive, or damages which may be suffered by the Participant while traveling to, during, or returning from the activity designated in this registration. Further, throughout the term of this Agreement, Participant, (or Participant's parent or legal guardian, if Participant is under age 18) agrees to defend, indemnify and hold harmless ACRA, its officers, trustees, agents, and employees from and against any and all claims, losses, injuries, liability, or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in this registration. Additionally, the Participant (or Participant's parent or legal guardian, if Participant is under age 18) grants the ACRA the right to photograph facilities, activities and Participant for potential future use for publicity or promotion purposes. I have read and understand the above waiver and I am signing below as an indication of my intent to have my child, _____ participate in this ACRA event:

Signature: _____ (Parent /Guardian Signature) Date: _____

There is a \$25.00 fee for all returned Checks

Office Use: Check # _____ Date on Check: _____ Cash Amount: _____ Date Received: _____