



\*\*\*\*\*Deadline - Mon., Sept. 8th\*\*\*\*\*

# FLAG FOOTBALL & CHEERLEADING

West Orange Rec Dept.



**Must Be A West Orange Resident**  
Program runs late September thru early November

<p><b>MIGHTY MITES</b> Grades Kind. &amp; 1st Football Mon. Nights-Indoors &amp; Cheerleading-Outdoors \$45.</p>
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<p><b>JUNIOR DIVISION</b> Grades 2nd &amp; 3rd Football &amp; Cheerleading Friday Night Games Practices Also \$60.</p>
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<p><b>SENIOR DIVISION</b> Grades 4th &amp; 5th <b>**Football Only**</b> Saturday AM Games Practices Also \$60.</p>
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### Required Registration Materials

**Parent's Driver's License, Child's Birth Certificate, & Child's Most Recent Report Card**

Complete & Return in Person to WO Rec @ Colgate Park, 60 1/2 Cherry Street OR  
Complete & Mail to WO Rec, 66 Main St., West Orange, NJ 07052

**Consent & Waiver Form** Program: Flag Football & Cheerleading

CHECK ONE  Mighty Mites: Football \_\_\_ Cheerleading \_\_\_

Jr. Division: Football \_\_\_ Cheerleading \_\_\_ Senior Division: Football Only \_\_\_

Child's Name: \_\_\_\_\_ Grade Entering in September 2014 : \_\_\_\_\_

School Child Attends: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

Parent (1) Male \_\_\_ Female \_\_\_ : \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent (2) Male \_\_\_ Female \_\_\_ : \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name of Parent Willing To Help Coach: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Consent & Waiver**

I give my permission for my child to participate in the WO Rec program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange Rec Dept, WO Board of Ed, the Township of WO, their organizers, servants, officers, volunteers affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result of participation in the above designated program. In the event of illness or injury to the applicant, I grant the program staff permission to provide emergency medical care. Further, I understand that the WO Recreation Dept. follows a strict "No Refund" policy. Additionally, I give the West Orange Recreation Department permission to use my child's name and photographic image for any and all promotional uses.

Parent/Guardian Signature:  \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

-----for office use only-----

Fee Paid: Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Money Order #: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Parent's Driver's License #: \_\_\_\_\_ Child's Birth Cert. #: \_\_\_\_\_

Child's Report Card - School: \_\_\_\_\_ Grade: \_\_\_\_\_

INFORMATION VERIFIED BY \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_