YOUTH SPRING FLAG FOOTBALL

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FAX: 994-1454

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PR	RIORITY REGISTI	RATION E	NDS FEBR	<u>UARY 8TH AT</u>	5:00 P.M.
Priority	Registration	AAPS Dis	strict: \$100	Non-Resid	lent: \$110
Standa	rd Registration	AAPS Dis	strict: \$110	Non-Resid	lent: \$120
ID # Player's in	IFORMATION		1 1	egistration contai ber, or e-mail add	n a new address, ress? □ Yes □ No
Name					
fir	st		la	ast	
Addresss	treet	cit	.y	state	zip
Home Phor	ne: ()			Gender:	🗆 Male 📮 Female
Date of Birt	th /	/		Grade:	
My child at	tends: 📮 an Ann A	rbor Public	School 🛛 🖬	a charter or priva	te school
Name of Sc	hool:				
•	h your child to play o f one is formed? 🔲 Y		om the Charte	er or Private scho	ol he/she is currently
4903 🗅 5tl 4905 🖵 7tl	d/4th Grade h/6th Grade h/8th Grade	 You You Adu Adu Adu Adu Adu 	tth Small (6-8) tth Medium (1- tth Large (14-1 alt Small (34-3 alt Medium (3) alt Large (42-4 alt XL (46-48) alt XXL (50-52	0-12) 6) 6) 8-40) 4)	
Special Req	nt your child to "play uests:				
Allergies or	Medical Conditions				
PARENT/PAY	/ER NAME Check h	ere if addre	ess is same as p	olayer	
Name					
fir			la	ist	
Addresss	treet	cit	.y	state	zip
Home Phor	ne: ()			Date of Birth	//
Other Phor	ne: ()			Gender: 🛛 🛛 Ma	le 📮 Female
E-Mail:					
PAYMENT M	ETHOD D From	Account: \$		□ Scholarsh	nip #:
□ Check # □ Cash: \$					-
		·			
	ONLY C	OMPLETE I	F PAYING BY	CREDIT CARD	
Name on	card:				
U VISA	□ Mastercard	America	n Express	Amount: \$	5
Card#:				Exp. Date:	/
1	(required):			-	
I agree to pa	y the amount listed above a	ccording to th	ne card issuer's agr	eement and Youth Fla	g Football Refund Policy.

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY

Each registrant's parent or guardian must sign this statement. **Registrations without a** parent's or guardian's signature on the line below will not be accepted and will be returned for signature.

I hereby acknowledge that Community Education and Recreation has warned me that my child, by participating in the Youth Flag Football Program, maybe injured. Injuries might include, but are not limited to injuries to the eyes, nose, and other parts of the face, contusions, sprains, fractures, ligament or cartilage damage which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death.

Even though these injuries occur, I give my consent to my child, who is named on this form, to participate in the **Youth Flag Football Program**. I understand and accept that there is no Benefit Fund for participants in this program and agree to assume personal responsibility for any injuries that my child may suffer as a participant in this program. I also realize that there will not always be trained medical personnel on-site at the program's practices and games.

Parent's Code of Ethics: I promise to support the goals of the Rec & Ed Youth Flag Football Program, which include teaching youth to work cooperatively and develop self-esteem and sports skills through game play, and, above all, to have fun. Furthermore, I understand that, as a spectator, if my conduct or language is deemed to be unsportsmanlike by the Recreation Department, I maybe asked to leave the playing area in which my son's or daughter's games are being held.

Parent or Guardian – Please Sign: Acknowledgement of Warning X _____ Date _____

first		last				
Address		city				
street				zip		
Home Phone:	()				
Evening Phone:	()				
Other Phone:	()				
E-Mail Address: _						
RELATIONSHIP TO P	LAYER	🖵 Grandparent	Family Friend			
		Parent	□ Other:			
I AM VOLUNTEERIN	G AS A: (C	HECK ALL THAT MAY APP	PLY)			
Head Coach	🗅 Assis	tant Coach 🛛 🖵 Tea	m Parent			