



WICKLIFFE RECREATION DEPARTMENT 2014 PEEWEE FLAG FOOTBALL



GRADES 1-3
SATURDAYS BEGINNING SEPTEMBER 13
3:00 PM - 4:30 PM AT COULBY PARK
WICKLIFFE RESIDENTS: \$30 / NON-RESIDENTS: \$40
*** COACHES NEEDED ***

To better protect our children, The City of Wickliffe's Law Department and our risk management consultants have authorized the initiation of a basic background check for coaches.

SATURDAY, SEPTEMBER 13, 3:00 PM, ALL PARTICIPANTS WILL MEET AT THE COULBY PARK GAZEBO

**COMPLETE AND RETURN BOTTOM SECTION WITH FEE TO THE CITY OF WICKLIFFE RECREATION DEPARTMENT
28730 RIDGE RD WICKLIFFE 44092, MONDAY-FRIDAY, 8:00 AM - 4:30 PM, 440-943-7120
ANY QUESTIONS, CONTACT TODD CALIC: tcalic@cityofwickliffe.com**

PEEWEE FLAG FOOTBALL REGISTRATION FORM (PLEASE PRINT)

CHILD'S NAME _____ BIRTH DATE _____ GRADE ____ MALE / FEMALE

ADDRESS _____ CITY _____ ZIP _____

PHONE # _____ Can you be reached by text? CIRCLE YES NO

E-MAIL ADDRESS _____

SHIRT SIZE (CIRCLE): YOUTH SM YOUTH MD YOUTH LG ADULT SM ADULT MD ADULT LG

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD (ALLERGIES, ASTHMA, HEART CONDITION):

(CIRCLE ONE) **I DO / I DO NOT** give my consent for emergency medical treatment for my child in the event reasonable attempts to contact parent/guardian have been unsuccessful. The authorization for medical treatment does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. If you choose to not grant consent for medical treatment, program authorities will take no action.

CHILD'S PHYSICIAN _____ PHONE# _____

CHILD'S DENTIST _____ PHONE# _____

ANYONE INTERESTED IN COACHING A TEAM, PLEASE FILL OUT THIS SECTION

Signature authorizes consent for a background check. I attest that all information is accurate.

NAME _____ PHONE # _____

E-MAIL ADDRESS _____

CAN YOU BE REACHED BY TEXT? YES NO IF YES, TEXT # _____

SIGNATURE _____ (PLEASE CIRCLE): HEAD COACH ASST COACH

In case of loss or injury while participating in Wickliffe Recreation Department Programs, I, the parent/guardian, release from liability The City of Wickliffe, Wickliffe City Schools and any and all personnel and/or volunteers associated with this recreation program.

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

*****BELOW IS FOR OFFICE USE ONLY*****

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____