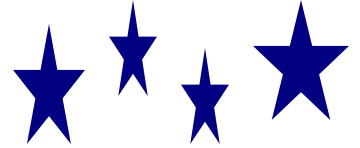




FLAG FOOTBALL

NORTH HAYS OPTIMIST YOUTH SPORTSPLEX 2007 Flag Football Registration Form



Participant Information:

Last Name	First Name	Middle Name	M or F
Street Address	City	State	Zip
		TX	
Date of Birth	Age on July 31, 2007	Would you like to Coach?	
		YES <u>CIRCLE ONE</u> NO	

Parent or Guardian Information:

Mother's Name	Email	Home Phone	Work Phone	Cell Phone
Father's Name	Email	Home Phone	Work Phone	Cell Phone

Miscellaneous Information:

School Attending Fall 2007	Grade in Fall 2007
Family Physician/Pediatrician Name:	
List any Medical condition(s):	

Parental Medical Treatment Authorization/Parents Statement

In the event of injury or illness to my child, I hereby grant authorization for emergency medical care prescribed by a duly licensed Doctor of Medicine or a Doctor of Dentistry. This emergency care may be given under any conditions, which are necessary to preserve the life or well being of my child/dependent.

I, the parent/legal guardian of the above named child, hereby give my permission for him/her to participate in any and all flag football-related activities during the current season. I am aware that flag football could result in some-contact and requires strenuous, physical activities. I assume all risks of hazards incidental to such activities. I hereby WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS the North Hays Optimist Flag Football, North Hays Optimist Youth Sports Complex and North Hays County Optimist Foundation, it's respective organizers, sponsors, coaches, representatives, supervisors, from any and all claims arising out of his/her participation in or being transported to or from the same, whether the result of negligence, or any other cause, except to the extent and amount that may be covered by accident or liability insurance.

Parent/Guardian Signature: _____ Date: _____

Medical Accident Coverage

I have been informed and am aware that North Hays County Optimist Foundation. has in place an insurance policy to provide insurance against medical and hospitalization costs only which are incurred as the result of injuries sustained by my child while engaging in Flag Football activities. I understand that this coverage is **secondary** only to coverage beyond the benefits associated with medical and hospitalization expenses. I understand that North Hays County Optimist Foundation carries no medical liability and that North Hays County Optimist Foundation is not responsible for reimbursement of claims.

Parent/Guardian Signature: _____ Date: _____

NHO USE ONLY: Amount Paid: \$_____ Check No. _____ Cash Online Division: NFC AFC

Mailing Address: P.O. Box 2278, Kyle, Texas 78640
Physical Address: 2880 Goforth Rd., Kyle, Texas 78640
sjcrabtrey@austin.rr.com www.nhogators.com/flag.html (512) 262-7167
NHO Flag Football Program is not affiliated with Pop Warner.