



# Shelley Youth Flag Football Paid Ca, Ck, CC, # \_\_\_\_ \$ \_\_\_\_

Players Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Medical Info: Does this child have any disabilities, present injuries, allergies or other medical conditions that we need to be aware of?

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name and Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Waiver of Liability-Permission to participate -Permission of Emergency Authorization. I recognize the risks inherent with my child's participation in this program. I unconditionally release the City of Shelley, Shelley Youth Flag Football Organization, its directors, and volunteers from any and all liability or claims that may result from participation in this program unless the injury is a direct result of gross negligence or recklessness of the organization and not caused in part by my child's own negligence. In case of injury or illness, I give permission for my child to be transported to and receive medical treatment at a local medical facility, and I guarantee payment of all expenses. I have read/listed above any special medical conditions that the organization needs to be made aware of regarding medical treatment.

\_\_\_\_\_ Signature of Parent/Guardian

**IF YOU WISH TO HAVE YOUR CHILD PLAY UP, PLEASE MARK THE APPROPRIATE GRADE LEVEL.**

**"NO PLAYING DOWN" If you live outside of city limits, add 10.00 to cost, City Limits: Yes/ No**

K-2 Grades, Co-Ed, \$50.00 \_\_\_\_\_ 3-4 Grades, Co-Ed, \$50.00 \_\_\_\_\_

5-6 Grades, Co-Ed, \$50.00 \_\_\_\_\_ 7-9 Grades, Co-Ed, \$50.00 \_\_\_\_\_ (If we get enough interested)

**Coaches are Needed in all ages      Head Coach only gets one players entry fee for free**

\_\_\_\_\_ Yes, I can Head Coach,      **Coach Shirt \$12.00 Size** \_\_\_\_\_

I would like to sponsor a team for \$100.00 to \$200.00 Sponsor: Name: \_\_\_\_\_

Color: \_\_\_\_\_ Amount: \_\_\_\_\_

**Games will be two days a week Monday/Wednesday or Tuesday/Thursday, Just the Month of September (First set of games will start at 5:30 pm)** Please return form to City Hall or mail to Mikel Anderson, 101 S. Emerson, Shelley ID, 83274, **Due by July 25<sup>th</sup>**. Additional forms can be printed off the City web page. 10.00 late fee charge after July 25<sup>th</sup> (**Coaches Only, Drafts will be August 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup>**) Any question please contact Mikel Anderson 208-681-3390 (**Please make check payable to City of Shelley**)