



City of Shelley Rec. 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: _____

Email: _____ Emergency Contact Name and Phone# _____

Waiver of Liability-Permission to participate -Permission of Emergency Authorization. I recognize the risks inherent in 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 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 negligence. In the event of injury or illness, I grant permission for my child to be transported to and receive medical treatment at a local medical facility, and I agree to cover all associated 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 the cost. City Limits: Yes/ No

PreK-K Grades, Co-Ed, \$50.00 _____ (If over 50lbs must pay up one level)

1-2 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 for all ages. The Head Coach only gets one player's entry fee for free

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

I want 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 the form to City Hall or mail it to Mikel Anderson, 101 S. Emerson, Shelley, ID, 83274. **Due by July 18th.** Additional forms can be printed off the City's web page. 10.00 late fee charge after July 18th (Coaches Only, Drafts will be July 29th-30th). Any questions, please contact Mikel Anderson at 208-681-3390 (Please make check payable to City of shelley). **Online Registration is also available at cityofshelley.org**