



# PAULDING MINI FOOTBALL

## 3rd & 4th, 5th & 6th Flag Football



**PARTICIPANT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shirt Size \_\_\_\_\_

School 2017-18 \_\_\_\_\_ Grade 2018-2019 \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address (if different from participants) \_\_\_\_\_

Mother's Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**REGISTRATION FEES AND ALL FORM DUE FIRST DAY OF PRACTICE. PRACTICE DATES WILL BE ANNOUNCED ASAP. WE WILL START SAME DAY AS THE HIGH SCHOOL. MAKE CHECKS PAYABLE TO PAULDING MINI FOOTBALL. ALSO IF YOU HAVE FACEBOOK FIND US UNDER PAULDING MINI FOOTBALL TO GET UPDATES THROUGHOUT THE YEAR.**

**FEE INFORMATION: (PLEASE Check the program you are registering for and pay proper fee)**

**Registration fee \$ 20  
per athlete**

Donation to the PAULDING Mini Football Program

Total by [ ] charge or [ ] check # \_\_\_\_\_ \$ \_\_\_\_\_

Any questions or concerns, please contact by email at  
Pauldingminifootball@gmail.com

All parents will be contact with practice times and contact information when available

**WAIVER/RELEASE FORM FOR PAULDING MINI FOOTBALL**

**I. PARENTAL CONSENT**

I, The parent or legal guardian of \_\_\_\_\_, a participant in the Paulding Mini Football, does hereby grant permission for his/her participation in any and all activities.

\* Initials: \_\_\_\_\_

**II. REALEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the Paulding Mini Football Club, the officers, directors, coaches, sponsors, volunteers, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

\* Initials: \_\_\_\_\_

**III. MEDICAL RELEASE**

Because your child is involved in an active sport, flag football, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after while at our site or at game location.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Business Telephone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

If parent or legal guardian cannot be reached, call:

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any allergies and medical conditions that should be brought to our attention.

Include any medication(s) that your child uses regularly: \_\_\_\_\_

\*Initials: \_\_\_\_\_

I hereby grant permission to the Paulding Mini Football to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

**SIGNATURE** of Parent or Legal Guardian: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE.**

\*PRINT Parent of Legal Guardian Name

\*SIGNATURE Parent or Legal Guardian \*Date

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Signature of Paulding Mini Football Club Official