

## Flag-Tastic Flag Football League – 2009 Registration Form

Flag-Tastic Flag Football League encourages all players to play in their respective age group. Exceptions (playing up) must be approved by the league coordinator. There will be no exceptions for playing below your age group.

Player's Last Name: _____	Player's First Name: _____
Street Address _____	City: _____ Zip: _____
Father's Name _____	Home Phone _____ Cell Phone _____
Mother's Name _____	Home Phone _____ Cell Phone _____
Emergency Contact _____	Home Phone _____ Cell Phone _____
Player's Date of Birth: _____	E-Mail Address _____

Age of Child on or before May 31<sup>st</sup>, 2009 \_\_\_\_\_

Player's Shirt Size	<u>Youth</u>	Medium	<u>Adult</u>	Small
(Circle One)		Large		Medium
		X-Large		Large
				X-Large
				XX-Large

By signing this form, I certify that I am a parent or guardian of the player listed above (a player on a Flag-Tastic Flag Football League Team) and I release and agree not to sue 1<sup>st</sup> Assembly of God, their appointed volunteers, and sponsors (collectively the "releases") from all present and future claims that may be made by me, my family, estate heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the League wherever, whenever or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the League, even if caused by their ordinary negligence. I understand that participation in the League involves certain risks, including but not limited to, serious injury. I am voluntarily participating in the League with knowledge of the danger involved and agree to accept all risks of participation. I consent to administration of first aid and other medical treatment in the event of injury or illness. I also agree to indemnify and hold harmless the Releases for all claims arising out of my participation and related activities including but not limited to, transportation, to and from the League and medical treatment. I understand the League may be photographed, videotaped or otherwise recorded, and I agree to let the Releases use my name, likeness and demographic information free of charge in any manner and for any purpose in any media now known or hereafter developed. I understand that this document is intended to be as broad and as inclusive as permitted by the laws of the state in which the League is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Lubbock, Texas.

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to coach a team? If yes, please fill out the coach's application form. Yes  No

### League Use Only

League Age Group	5-7	8-10	11-13	14-16	<u>(All Age Groups \$60)</u>
Amount Paid (\$): _____	Check # _____		Birth Certificate Verified: _____		
Speed: _____	Catching: _____	Passing: _____	Agility: _____		

Please complete the registration form and bring completed form to:

First Assembly of God, 3801 98<sup>th</sup> Street, Lubbock, TX – [www.lubbockag.org](http://www.lubbockag.org) – 806-783-0800