

# Northwestern Flag Football Program (Grades K-3)

## Fall 2017

**Description:** The emphasis of our flag football program is to have fun and teach beginning football skills to both boys and girls in grades K-3 at Northwestern Elementary. Our program is in its 4th year geared towards youth who want to learn the basics of football, beginning fundamentals and flag football drills. Teams will be divided so that the K and 1<sup>st</sup> graders play against each other and 2<sup>nd</sup> and 3<sup>rd</sup> graders play each other. Practices will begin the end of August (specific dates TBD) and play games on Saturday's on the Northwestern Campus.

**Participation Fees:** \$30 per child. Make checks payable to Husky Football Club.

**Deadline for Registration:** July 29th. Completed registration forms can be returned to school office by the end of the school year or Mail to Husky Football Club, 11080 Ashland Road, Wooster, OH 44691.

**Coaching Volunteers:** If you are interested in coaching, please provide your contact information below and we will follow up with you

Name \_\_\_\_\_ Contact information: \_\_\_\_\_

**Questions:** Call Jake or Amy Cassady (call/text) 330-347-6574 or 214-557-6176

### Registration Form:

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in Fall : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text? Y N (circle One)

Shirt Size: Youth: S, M, L (circle size) Adult: S, M, L (circle size)

### In Case of Emergency:

Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Turn over to complete the registration form**

**Emergency Release**

I hereby give my consent for the administration of any treatment deemed necessary by the listed physician or dentist or, in the event the designated practitioner is not available, by a licensed physician or dentist and the transfer of the child to the above hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring for the necessary of such surgery are obtained prior to the performance of surgery.

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

**Refusal For Consent**

I do not give my consent for any emergency medical treatment for my child. In the event of illness or injury requiring emergency personnel, I wish Northwestern Youth Football Program to take the following actions:

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

**Release Agreement**

\_\_\_\_\_ (Players Name) is participating in the Northwestern Youth Football Program. I acknowledge the potential risks associated with football. However, I feel that the benefits to my child / ward are greater than the risks involved. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators waive and release forever all claims for damage against any and all injuries and / or losses my child / ward may sustain while participating in the Northwestern Youth Football Program. I also acknowledge that a physical by a licensed physician is highly recommended, but not required, before my child / ward participates in this program.

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