

# Northwestern Flag Football Registration Form (Grades K-3)



- Flag football is for students grades K-3 who want to learn the sport of football, improve their skills, and have fun!
- Please complete this form (front and back) and: mail to the address below OR bring it to sign-ups this summer.
- In-Person Sign Ups will be **Saturday, July 8th, 9am-noon** at the practice field behind the high school.
  - **Makeup date will be Monday, July 10th, 5-7 pm.**
  - **DEADLINE TO REGISTER IS 7/31/23.**
- Registration Fee is \$40, cash or check (made to "Husky Football Club"). Include fee with this form.
- Like the "Husky Football Club" page on Facebook for updates.

## PLAYER INFORMATION:

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

Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Text? Yes No (circle)

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

\*Shirts are blue/white reversible jerseys. Tennis shoes or cleats are acceptable. No other special equipment necessary!

## IN CASE OF EMERGENCY:

Emergency Contact Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

**COACHING VOLUNTEERS:** If you are interested in coaching, please provide your contact information below and we will follow up with you! We'll hold a coaches meeting prior to the beginning of the season with more information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**QUESTIONS:** call/text Shaun Blosser 330.317.9807 or Niki Blosser 330.465.5743

**\*If you cannot make in-person sign ups, mail completed form AND check by 7/31 to:**

Husky Football  
5552 Myers Rd.  
West Salem, OH 44287

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## 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. The 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:

\_\_\_\_\_ (player's 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 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 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 participates in this program.

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