

# 2021 HAMLET RECREATION FLAG FOOTBALL REGISTRATION FORM

## Eligible Age Groups:

- 6-9 year olds must have been 6 years old on or before April 30, 2021 and cannot have turned 10 on or before the same date.
- A mouthpiece is required to play & cleats are optional, but recommended.

**Registration Dates:** August 23rd-September 24<sup>th</sup> from 8:00AM – 4:30PM

**REGISTRATION FEES: \$35 per child**

Paid by: Cash \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Returning Participant: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, proof of age by copy of birth certificate must be presented to be eligible to participate.

## **Player/Child Information: (As it appears on Birth Certificate)**

First Name:	Middle:	Last:
Birth Date:		
Age as of April 30, 2021: _____	Sex: Boy _____	Girl _____
Previous Team Name (If applicable):		
YOUTH SMALL(6-8)____ YOUTH MEDIUM(10-12)____ YOUTH LARGE(14-16)____ YOUTH XL(18-20)____ ADULT MEDIUM____ ADULT LARGE__ ADULT X-LARGE____		
<b>**SIBLINGS ONLY! If you would like to have siblings on the same team, you must list the siblings name here:</b>		
_____		
<b>*Please note that once teams have been selected, there will be no changing in team rosters. NO EXCEPTIONS!!</b>		

## **Parent/Guardian Information:**

Parent/Guardian First Name:	Last Name:
Street address:	
Mailing address:	
City:	
State, ZIP:	
Cell phone:	Home phone:
Email:	



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I hereby agree that the child will play with any team to which he/she is assigned by League Officials.

I, parent or guardian, understand that fees will not be reimbursed if my child decides not to participate in this sport for any reason.

I hereby certify that my child is in good health and know of no reason why he or she should not participate in this sport.

I, parent or guardian of the above named child assume all risk and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release and agree to hold harmless the HAMLET RECREATION SOCCER LEAGUE and its employees and volunteers for any claim arising out of any injury to this child. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should this child become ill or injured while participating in activities away from home, or at other times, when neither parent nor guardian is available to grant authorization for emergency treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

### Check if Interested:

<input type="checkbox"/> <b>Coach</b>	Name: _____	Phone: _____
<input type="checkbox"/> <b>Assistant Coach</b>	Name: _____	Phone: _____
<input type="checkbox"/> <b>Sponsor Team</b> <u>Cost to Sponsor is \$175.00</u> This includes your choice of name on the shirts and color of choice (if available).	Name: _____	Phone: _____
	Sponsor Team Name: _____	