**JD/CC PARKS AND RECREATIONAL YOUTH**

**Flag**

**FOOTBALL**

**3rd & 4th grade 2018**

**Registration due by September 7th, 2018**

**Practice starts September 10th, 2018 @ 5:00PM at 7th street complex**

**Fees:**

Parks & Rec league $40.00 (In District)

Parks & Rec league $45.00 (Out District)

20% discount on any additional participant or sport, per season.

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian/Parents Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_ Wk # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Ph. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY, CALL; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIRT SIZE: YL AS AM AL AXL

  **WAIVER and PARENT/LEGAL GUARDIAN AUTHORIZATION:** I certify that my child is in good physical condition and can participate in the John Day/Canyon City Parks and Recreation Youth football Program.

 I realize that there is potential for injury in any sport and agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches/directors of this program to secure proper treatment and/or hospitalize my child.

 Knowing that the JD/CC Parks and Rec. District does not carry any primary accident insurance on its participants, I will be responsible for any medical and/or other charges in connections with my child’s participation in said program.

 I here by waive and release AND hold harmless the John Day/ Canyon City Parks and Recreation District, PO Box 762, John Day, OR 97845 and any and all staff personnel, volunteers or organization or facilities associated with this program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child’s participation in said program.

**MY CHILD HAS THE FOLLOWING HEALTH ISSUES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.**

**Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Interested in Coaching: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**