

WESTAMPTON RECREATION YOUTH FLAG FOOTBALL LEAGUE

2016 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATE: THURSDAY, MARCH 3, 2016 **TIME:** 6:00 PM – 8:00 PM
SATURDAY, MARCH 5, 2016 **TIME:** 10:00 AM – 12:00 PM

LOCATION: WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.

REGISTRATION FEE: \$70.00 1ST CHILD / \$60.00 PER CHILD THEREAFTER

PROGRAM INFORMATION: For boys and girls in grades K through 8th. Program will start April 10th and run until the middle of June. Games will be played on Sundays and locations and times will vary between 8am and 1pm. Team shirts will be provided along with most equipment needed for games. Trophies will be given to all players. All divisions except for Pee Wees will have playoffs at end of season. No team or player requests will be accepted. Only extreme circumstances will be reviewed. A \$5.00 late fee will be charged to all those who register after March 6th, 2016. No refunds will be given. Checks made payable to Westampton Rec.

****Our programs are opened to residents from Burlington, Eastampton, Hainesport, Lumberton, Mt. Holly, Willingboro, and all other surrounding communities.**

PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ SEX: MALE: _____ FEMALE: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

CONTACT PHONE:(_____) _____ FAMILY E-MAIL ADDRESS: _____

AGE: _____ (AS OF 1/1/16) BIRTH DATE: _____ / _____ / _____ CURRENT GRADE: _____

PLAYER'S HEIGHT: _____ ' _____ " PLAYER'S WEIGHT: _____ lb This is not a school-sponsored event/activity.

PARENTS' FIRST NAMES: MOM: _____ CELL PHONE: (_____) _____

DAD: _____ CELL PHONE: (_____) _____

EMERGENCY CONTACT & PHONE #: _____ (_____) _____

DIVISION: PEE WEE COED MINOR COED JUNIOR COED SENIOR COED
(CIRCLE ONE) K & 1st Grades 2nd & 3rd Grades 4th & 5th Grades 6th, 7th & 8th Grades

SHIRT SIZE (CIRCLE ONE): YOUTH: SM (6-8) MED (10-12) LG (14-16) ADULT: SM MED LG XL XXL

PARTICIPANT'S EXPERIENCE LEVEL (Circle One): Inexperienced 1 2 3 4 5 Very Experienced

(Name) _____ has my permission to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment in case of an emergency & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Townships listed above, the Depts. of Recreation, supervisors, employees, and all program volunteers, as well as other persons connected with any of the above-listed townships from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment, or facilities therein. I also understand that all Townships listed above do not provide accident insurance for any of their participants.

Parent/Guardian Signature: _____ Date: _____

Are you interested in ___ Coaching or ___ Assisting with your child's team? Name: _____

Would you like to volunteer as a ___ Team Parent or ___ Field Crew Name: _____

ANY QUESTIONS, PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2016 Youth Flag Football League	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only -	Amount Paid: _____ Cash: ___ Check No: _____ Received By: _____