

Monroe Boys & Girls Club Fall 2017 Flag Football



Participant Registration

Name _____ School _____

Birth date _____ Player's Age _____ Grade _____

Address _____ City _____ Zip _____

Email Address: _____

Jersey Size: YS YM YL AS AM AL AXL AXXL AXXXL

Coach/friend you are requesting, if any (not guaranteed): _____

Parent/Guardian Information

Name _____ Phone _____

Name _____ Phone _____

Disclaimer

I declare that I am the parent or legal guardian of _____, a minor, age _____, I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in Club activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached I hereby authorize his/her athletic supervisor, coach or any other Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone. In case I cannot be reached in an emergency, medical treatment as described above may proceed without further authorization. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Signed _____ Date _____

I would like to donate an additional \$ _____ to support scholarships for kids at the
Monroe Boys & Girls Club.

For Official Use Only:

Amount Paid _____ Check _____ Cash _____ Card _____ Date _____ Staff initials: _____

"While the Monroe Public Schools reviews the offered material for appropriateness, it does not assume responsibility for actual content or any of the activities offered."