

EFFA FLAG FOOTBALL REGISTRATION FORM

Player Information - PLEASE PRINT LEGIBLY							
Last Name				First Name			
Home Address							
City							
State	Zip			Phone			
School						DOB	
						AGE	
Circle Jersey Size		Adult	Youth	S	M	L	XL

2nd Player Information - PLEASE PRINT LEGIBLY							
Last Name				First Name			
Home Address							
City							
State	Zip			Phone			
School						DOB	
						AGE	
Circle Jersey Size		Adult	Youth	S	M	L	XL

Contact Information							
Parent/Guardian Name							
Relationship to Player							
(Only fill out address below if different than players address)							
Home Address							
City							
State	Zip			Phone			
Email Address							
Parent/Guardian Name							
Relationship to Player							
(Only fill out address below if different than players address)							
Home Address							
City							
State	Zip			Phone			
Email Address							

To be filled out by EFFA Representative							
Amount Paid	Cash Received			Check Number			
Registration Received By (Initial)				Date			

Please Fill out Consent Information on BACK

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I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of EFFA Flag Football, its affiliated teams, organizations and sponsors. Recognizing the possibility of injury associated with flag football, and in consideration for the EFFA accepting the registrant for its flag football games and activities (the "Games"), I hereby release, discharge, and/or otherwise indemnify the EFFA, its affiliated teams, organizations, and facilities utilized for the games against any claim by or on behalf of the registrant as a result of the registrant's participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Printed

Name _____

Signature _____

Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian for the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent

Printed

Name _____

Signature _____

Date _____

Address _____

Phone _____