

Smithsburg Youth Athletics Flag Football Registration – Fall 2010

P.O. Box 21

Smithsburg, MD 21783

Players Last Name	Players First Name	Date of Birth	Age as of August 1st

Street Address	City or Town	State	Zip Code

Phone #	Social Security #	Height	Weight	Shirt Size	Pants Size

School	Grade in Fall	Team Name Last Year	Email Address

Health Insurance	Policy/Member #	Doctor's Name	Doctor's Phone #

Father/Legal Guardian

Mother/Legal Guardian

Street Address

Street Address

City or Town, State and Zip Code

City or Town, State and Zip Code

Phone #

Phone #

Special Needs/Allergies/Medications/Requests?

Please select area(s) that you would be interested in helping with during the season:

Coaching	Refereeing	Scoreboard	Chain Gang

I, _____, Parent/Guardian of _____, give my permission for my child to participate in the Smithsburg Youth Athletics Flag Football Program. The undersigned does hereby and for my heirs, executors, administrators, successors, and assigns, release and forever discharge the Smithsburg Youth Athletics Flag Football Program, their directors, administrators, managers, coaches, officials, staff, agents, and players from any and all claims, actions, expenses, and compensations whatsoever that may arise or accrue out of the above mentioned activity. The undersigned hereby declares that he/she voluntarily assumes all risks inherent and further declares that he/she will hold the directors, administrators, managers, coaches, officials, staff, agents, and players of the Smithsburg Youth Athletics Flag Football Program harmless for any and all injuries, whatever the extent or nature, that may arise from this activity, and during transportation to and from the activity. The undersigned hereby declares that no promise, inducement, or agreement not herein expressed, has been made to the undersigned, and that this release contains the entire agreement between the parties, and that the terms of this release are contractual and not a mere recital. The undersigned hereby declares that he/she is signing this release of his/her free will, without threat or coercion.

Signature of Parent/Guardian Date

Please complete and return this form, a copy of the players birth certificate and a check for \$50.00 made payable to Smithsburg Youth Athletics.