

LUMBERTON RECREATION FLAG FOOTBALL 2010

SHIRT SIZE
CIRCLE

YS (4-6) YM (8-10) YL (12-14)

AS AM AL XL

Fee: \$60 resident
Age: Players *MUST BE AGES 6-14 BY SEPTEMBER 1, 2010*
Dates: Practice & games will be held weekday evenings in June, July and August.
Location: Bryan Freeman Park
Registration Deadline: May 7, 2010

PLEASE PRINT

Please check here if you **do not** which to be included in our electronic Recreation Newsletter _____

Players Name (print): _____ **Age:** _____
Players age by September 1, 2010 _____ **Birth date** _____
Gender (please circle): Male Female
Players Height _____ **Players Weight** _____ **Current Grade** _____
Parent/Guardian Names: _____
Address _____
Home Telephone: _____ **Work #:** _____
Cell Phone #: _____ **Email address:** _____
Players Physician _____ **Telephone #** _____
Emergency contact _____ **Telephone #** _____
Any physical restrictions or allergies? Please list: _____

I DO DO NOT (please circle) give permission to have my child appear in any media coverage of the Lumberton Recreation Flag Football Program.

Please READ/SIGN _____, has my permission to participate in all activities of the above registered program. In case of emergency, I authorize the programs assigned personnel to administer emergency first aid treatment, transport my child to the nearest hospital if necessary, and notify me as quickly as possible. I understand that proper supervision is provided for all programs. However, in the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, employees, sponsors, and program volunteers, from all liability.

Parent/Guardian Signature _____
Date

I would like to volunteer for the following:

_____ **Coach** **Shirt Size** _____ **Assistant Coach** **Shirt Size** _____

Have you taken the Rutgers course? Yes ___ No ___ **Have you been fingerprinted?** Yes ___ No ___

Team Parent _____ **Field Crew** _____

Only coaches will be matched up
There will only be ONE head coach and ONE assistant coach per team

*Please reference the website – www.lumbertontwp.com for *return check* and *refund policies*.
 There is a \$20 return check fee.

DATE
PAID _____
CHECK# _____
AMOUNT _____
REC'D BY _____