

# NCA FLAG FOOTBALL LEAGUE REGISTRATION 2018

**\*\*DEADLINE TO REGISTER IS FRIDAY, AUGUST 31, 2018\*\***

Please print clearly. Parents may only register their OWN children. Please complete a separate form for each child.

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_

Gender (Circle):     Male     Female



Jersey size (Circle): (Youth) Small – Medium – Large (Adult) Small – Medium – Large – X Large – 2XL

Parent/Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent /Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List any medical problems or prohibitions player has:

\_\_\_\_\_

\*It is not mandatory, but we encourage athletes to wear the appropriate footwear (cleats), gloves, mouthpiece, and shorts without pockets, as safety is paramount.

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

REGISTRATION \_\_\_\_\_ WAIVER \_\_\_\_\_ PAYMENT \_\_\_\_\_

NOTES: \_\_\_\_\_

## Emergency Contact & Liability Waiver

Person to notify in case of emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_



### WAIVER OF LIABILITY & CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules and regulations of the Northwest Christian Academy and its agents. Recognizing the possibility of physical injury associated with the Program and in consideration for the Northwest Christian Academy accepting the registrant for its youth league.

I hereby release, discharge and/or otherwise indemnify the Northwest Christian Academy, its agents, sponsors, their employees associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

As well, I hereby give 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.

I/We, the parents/guardians of the above named child, do hereby give consent to the Northwest Christian Academy to use any photos taken at any event of my child for publicity purposes.

I/We, the parents/guardians of the above named child, have received and read the parent code of conduct and agree to abide by its rules.

I hereby authorize Northwest Christian Academy to charge my account the appropriate amount of funds of **\$125** or **\$175** (*for late registrants*) for flag football.

*\*Payment will be withdrawn from FACTS. If you have no tuition payment in September, your payment will be deducted on September 20<sup>th</sup>.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_