JEFFERSON CITY PARKS AND RECREATION/ELEMENTARY SCHOOLS
REGISTRATION/INDEMNIFICATION FORM FOR
5TH GRADE FOOTBALL OR SOFTBALL 2015

PLEASE COMLPETE BOTH SIDES (This form must be returned to your school's office)

Participant Name (Last, First, Middle):		
School:		
wishes to participate in: • Boys 5th grade Flag Football (6:00, 7:00, or 8:00 p.m., Mondays at Binder Park) • Girls 5th grade Softball (6:00, 7:20, or 8:10 p.m., Mondays or Tuesdays – Optimist Sports Complex) - this program is run by the Jefferson City Public Schools.		
Has your child played football/softball before? Yes No # of years: _____		
Is your child playing in a competitive league? Yes No League: _____		
Are you interested in coaching for your child's team? Yes or No		
Parent(s) Name:		
Address (Street, City, Zip code):		
Phone Numbers:	Day:	Evening:
E-mail:		

Games will begin the week of September 14 for 5th grade flag football. The starting date for 5th grade softball will be announced by the program coordinator with the Jefferson City Public Schools. Practices will be held at the discretion of the Coaches.

INDEMNIFICATION BY GUARDIAN OF PARTICIPANT

The undersigned guardian of _____ agrees to save and indemnify the Department of Parks, Recreation and Forestry and it's personnel, coaches and the sponsor of the youth sport team against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Parks and Recreation programs. The undersigned guardians further acknowledge the inherent risks of participation in sports and recognize that injuries, some serious, can and do occur as a result of such participation.

TREATMENT AUTHORIZATION

The undersigned guardian(s) certify that _____ is free from communicable diseases and fit for full participation in sports. The undersigned guardian(s) hereby grant consent for all medical care prescribed by a duly licensed physician for the participant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the participant.

Physician:	
Phone Number:	
Hospital Preference:	

EMERGENCY CONTACT PERSON

In the event that you are unable to be reached in an emergency, who would you like the coaching staff or hospital to contact?

Name:	
Relation to participant:	
Phone number:	

RECOGNIZED MEDICAL CONDITIONS

Does your child have any medical conditions that the coaching staff should know about (allergies, asthma, cardiovascular deficiency, is he/she allergic to any medications, is he/she using any medications that may affect performance)?

_____

_____

_____

_____

As the parent/guardian of the participant, I understand that due to the inherent nature of football and softball, physical contact will occur and physical injury may occur while participating in the 5th grade Flag Football or Softball Programs.

Signature of parent or guardian:	Date:

"THANK YOU FOR TAKING TIME TO HELP US INSURE YOUR CHILD'S SAFETY!"

"This Form must Be Returned to Your School's Office
Please Do Not Bring this Form to the Parks and Recreation Office!"