

# Moreau Recreational and Instructional Coed Youth Flag Football Application

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

AGE \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade in Sept. 2011 \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ EMAIL: \_\_\_\_\_

Siblings playing this season (name and grade/age) \_\_\_\_\_

Does your child have any current conditions that limit his/her ability to participate in soccer?  
 If "Yes", please identify/explain any modification that would enable your child to participate:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide information about allergies or medical conditions in case of an emergency (attach additional sheets if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We, the parent(s) of the above named child, give my/our approval for said child to participate in any and all Coed Youth Football activities, including transportation to and from the activities. I/We understand that participation in Coed Youth Football may result in serious injuries and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Moreau, sponsors, participants, coaches and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

Parent(s) or Guardian(s) Signature \_\_\_\_\_

Name of Family Medical/Hospitalization Plan \_\_\_\_\_

	<b><u>Circle shirt size</u></b>		<b><u>Paid</u></b>
	<b>Youth</b>	<b>Adult</b>	Date: _____
Shirt	S M L	S M L	Cash: _____
			Check: _____

**Make checks payable to "Town of Moreau"**

**Volunteer Information:**

**Coaches are needed at all levels. No experience needed - just the desire to help our children learn to enjoy a team sport.**

Child's Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 I am interested in volunteering for one or more of the following: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_