

**Van Wert Parks & Rec  
Flag- Football Registration  
Upper Division**

*Fee: \$30*

**3rd-4th Grade (Ages 8-10)  
Birthday Cut-Off: September 1<sup>st</sup>**

**Registration Form**

Players Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: \_\_\_\_\_ (Please note Y=Youth or A=Adult Sizes)  
Address: \_\_\_\_\_  
Emergency Contact #: \_\_\_\_\_ Email: \_\_\_\_\_  
Guardians Name: \_\_\_\_\_ Guardians Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

*School System (Please circle one): Van Wert, Crestview, Delphos, Lincolnview, Other: \_\_\_\_\_*

**Participant Wavier**

I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of such an injury to my child, if I or my spouse cannot be contacted, I give permission to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the Van Wert Parks & Recreation Dept. its elected officials, employees or volunteers from all claims resulting from any an all injuries sustained while participating in Little Sluggers. I give permission for my son/daughter to participate in the Van Wert Parks & Recreation Dept. Little Sluggers Program.

**Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Picture Release**

In the event that my son/daughter's picture is taken by the Van Wert Parks & Recreation Dept. I give permission for the picture to be released and used for news articles, city websites, and any other type of advertisement or promotional materials the Parks Dept. may develop.

**Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail form to:** Van Wert Parks Dept  
515 E Main St  
Van Wert, OH 45891

**Drop off at:** Jubilee Park Office  
137 Gleason Ave.  
Van Wert, OH 45891