

**Van Wert Parks & Rec
Flag- Football Lower Division**

Fee: \$35 (cash or check)

**Grade K-2nd or (Ages 5-7)
Birthday Cut-Off: August 1st**

Players Name: _____ **Gender:** _____

Age: _____ **DOB:** ____/____/____ **Shirt Size (Circle One):** YSM YMED YLARGE

Address: _____

Primary Contact Name: _____ **Primary Phone#:** _____

Secondary Contact Name: _____ **Secondary Phone #:** _____

Emergency Contact #: _____ **Email:** _____

School System (Please circle one): Van Wert, Crestview, Delphos, Lincolnview, Other: _____

Honest player skill evaluation (circle one with 5 being the highest) 5 4 3 2 1

Has your child ever played Flag football before this year? (please circle one) Yes No

As a parent or guardian, would you be interested in coaching? (please circle one) Yes No

Participant Waiver

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 and all injuries sustained while participating in Flag Football. I give permission for my son/daughter to participate in the Van Wert Parks & Recreation Dept. Flag Football 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