

Chadron Community Recreation Youth Flag Football League Sign-up Information

Player's Name: _____ D.O.B. _____ Male/Female?

Address: _____ Ph.#: _____

Release From Liability And Consent For Medical Treatment

I hereby indemnify and hold harmless the Chadron Youth Football League, and/or its parent organization Chadron Community Recreation, and all co-sponsors and their officers and employees, for and against any and all loss, liability, or damage resulting from, or because of it, or in connection with participation of my child in said activities. I hereby give my permission for the above named participant to participate in soccer and all related activities. In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

I also understand that fees are not refundable unless my child cannot be placed on a team, or if my child's family moves from the Chadron area prior to the 2nd week of the season.

Signature of Parent/Legal Guardian

Relationship

Date

Player's Grade Level _____

Parental Volunteers!

- ___ Coaching (experience not necessary)
- ___ Asst. Coach (experience not necessary)
- ___ Refereeing

~Safety NOTE ~

All players are required to purchase and wear mouth guards. Shoes with metal cleats are NOT allowed.

For more information call Chadron Community Recreation (308) 432-3133

Mail to: CCR
P.O. Box 4
Chadron, NE 69337