

**COEUR D'ALENE
RECREATION
DEPARTMENT
FLAG
FOOTBALL
2016**



NAME: _____ PHONE: _____

ADDRESS: _____ CITY/ZIP: _____

E-MAIL ADDRESS: _____

PARENTS NAME: _____

Do you currently receive e-mails from us regarding upcoming activities? YES/NO: _____

AGE: _____ GRADE: _____ SCHOOL: _____

DIVISION: PLEASE CIRCLE ONE - 2ND 3RD (SAME AS GRADE)

CIRCLE SHIRT SIZE

YM YL YXL AS AM AL

WE WILL NEED A VOLUNTEER TO COACH FLAG FOOTBALL.

WILL YOU COACH? YES _____ PRINT NAME: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with football, I hereby release, discharge and/or indemnify the Cd'A Rec. Dept, its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: _____

AMOUNT PAID: CITY RESIDENT \$11. _____ NON RESIDENT \$22. _____

LATE FEES: \$5. After August 26.