

**Windsor Area Recreation Commission  
Flag Football Program Registration & Parent Permission Form  
(Please Print)**

Today's date:			Activity:		
<b>PLAYER INFORMATION</b>					
Player's last name:		First:	Middle:	Sex: ? Male ? Female	Phone #:
Street Address:		City/State:	Zip Code:	Municipality:	Age: Birthdate:
School & Grade:		Parent/Guardian:		Email Address:	
<b>TEAM INFORMATION</b>					
Has child played before: ? Yes ? No		Previous Team/Coach:			
How did you find out about our program? (Circle One)		What is your favorite NFL ® Team?			
School Flyer      Program Guide					
Website            Other					
<b>EMERGENCY INFORMATION</b>					
Other adult to contact in case of emergency:		Phone #:		Preferred Hospital:	
Family Doctor:			Phone #:		
Please list allergies (especially to insect bites/stings), along w/instructions for treatment:					

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the above Windsor Area Recreation Commission Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, paralysis or possible death. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, Windsor Township and Borough, the respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity. I also give permission for my child's picture to be used for promotional purposes.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I will support the Windsor Area Recreation Commission Program as: (please P all that apply)  
Your children will appreciate your participation in their activities.

\_\_\_\_ Team Coach / Assistant Coach      (Please Circle)

\_\_\_\_ Team Coordinator (Aids Coach with Administrative Task)

\_\_\_\_ Referee

§ Please make all checks payable to: WARC      (Note: there is a \$20 fee for all returned checks)

- No refunds unless the player is physically unable to play due to injury.
- Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.
- No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. with special requests being considered when possible.

**Registration Fees:**

Residents            \$55.00 without Fundraiser Participation  
                          \$75 with Fundraiser Participation

Non Residents      \$60.00 without Fundraiser Participation  
                          \$80.00 with Fundraiser Participation

Fundraiser Participation – 1 box of Fundraiser Candy 52 pcs. @ \$1.00 each = \$52.00 ( You keep the \$40.00 after the sale of your box of candy for a net registration cost of \$23.00 for residents and \$28.00 for non residents.

**Uniforms: (Please check (U) size required)**

	Youth SM	Youth Med	Youth LG	Youth XXL			
Jersey Size							

On the line below, please print your child's name the way you would like it to appear on their trophy, plaque, etc. We are not responsible for misspelling and/or illegible handwriting.

NAME \_\_\_\_\_

**POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:**

Smoking and/or use of all tobacco and alcohol products by players, coaches or spectators on any Windsor Area Recreation Commission facility or grounds before, during or after any organized recreation event or program is prohibited.