

NORTH VERNON KIWANIS FLAG FOOTBALL REGISTRATION 2010 SEASON

PLAYER'S NAME _____ AGE ON SEPT. 1, 2010: _____

ADDRESS _____ PHONE # _____

CITY/TOWN _____ ZIP CODE _____

PARENTS' NAMES _____

FATHER'S PLACE OF WORK _____ WORK PHONE # _____

MOTHER'S PLACE OF WORK _____ WORK PHONE # _____

E-MAIL ADDRESS (*please print!*) _____

FAMILY DOCTOR _____ HEIGHT _____ WEIGHT _____ DATE OF BIRTH _____

MARK ONE: New to the Kiwanis program

Played last year. Team _____

PARTICIPATION FEE: \$20.00

T-SHIRT SIZE (*circle one*): Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult XL

PARENTAL/GUARDIAN CONSENT

I give my consent for my son to play in the North Vernon Kiwanis flag football program. I understand that there will be some contact in flag football and that there is a risk of injury. I understand that neither the Kiwanis Club of North Vernon nor Kiwanis International will be providing medical insurance coverage for injuries; such coverage must be provided by the parents/guardians.

I also give my consent for a coach or Kiwanis official to seek emergency medical help if necessary and if I cannot be reached. I give consent for qualified medical personnel to give emergency treatment in the event that I cannot be contacted. I understand that I will be responsible for any cost incurred for emergency transportation on Rescue 20 or any other emergency transportation service.

Since a physical examination is not being required, I verify that my son is physically able to participate in this flag football program and that I know of no health or medical reason that would make it unsafe for him to participate.

SIGNED _____ RELATIONSHIP _____

DATE _____

TO REGISTER BY MAIL: Send this form to: Coach Bill Ludwig, 540 Persimmon Drive, North Vernon, IN 47265

FOR KIWANIS USE ONLY

AMOUNT PAID: _____ CASH: _____ CHECK #: _____ TAKEN BY: _____

TEAM ASSIGNED TO: _____