

2010 SLO NFL Flag Football

Child's Last Name _____ First Name _____ MI _____

Sex: M F Birth Date ____/____/____ Age ____ School _____ Grade _____

Additional Child's Last Name _____ First Name _____ MI _____

Sex: M F Birth Date ____/____/____ Age ____ School _____ Grade _____

Parents How Can You Help Us? (Please circle) Asst. Coach Coach Team Parent Sponsor

Primary Guardian Last Name _____ First Name _____ Birth Date ____/____/____

Relationship to Child _____ Address _____ City _____ Zip _____

Primary Guardian Home Phone# _____ Cell Phone # _____ Work # _____

Secondary Guardian Last Name _____ First Name _____ Birth Date ____/____/____

Relationship to Child _____ Address _____ City _____ Zip _____

Secondary Guardian Home Phone# _____ Cell Phone # _____ Work # _____

Primary Email Address _____ Secondary Guardian Email Address _____

2010 NFL Flag Football Fees	Quantity	Total Cost
2010 NFL Flag Football Fee, \$75 per participant* (required) ***\$10 late fee as of August 13th *** Refunds: There is a \$30 fee for all cancellations, <u>NO</u> refunds will be given once practices commence.	1	\$75
PAYS - Parent Association for Youth Sports. *One time fee, per family.*	1	\$5
Donation/Sponsorship Opportunities (if interested in sponsorship include business name) <input type="checkbox"/> Business Sponsor Plaque and Banner, Sponsorship covers the entire season - \$200.00 <input type="checkbox"/> Program Donation - Any amount\$ _____	0	0
NFL Flag Football Jerseys 1 st Child Size: Youth S Youth M Youth L Adult S Adult M Adult L 2 nd Child Size: Youth S Youth M Youth L Adult S Adult M Adult L	0	included
Total Cost		\$

Please return this form & your payment to: SLO County YMCA, Attn: Sports Dept., 1020 Southwood Dr., San Luis Obispo, CA 93401

SLO County YMCA Release of Liability Agreement (must be signed)

In consideration of being permitted to participate in any sport or activity sponsored by the YMCA, the undersigned hereby acknowledges and agrees to the following:

1. The undersigned acknowledges that the risk of injury and/or death from the activity and/or event in which the undersigned is entering is significant, despite all precautions. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to his or her participation in this program, regardless of cause.
 2. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES THE SAN LUIS OBISPO COUNTY YMCA, employees and any and all other sponsoring or cosponsoring agencies, companies of individuals, their directors, officers, employees, volunteers, representatives and/or agents (herein referred to as "Releasees") from any and all liability to the undersigned or their heirs, assigns or next of kin for any loss or damage or any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the sole and exclusive negligence of the Releasees or otherwise, while the undersigned is participating in or preparing to participate in this event.
 3. THE UNDESIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Release and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the premises of the Releasees, or due to the involvement of the undersigned in any of these events.
 4. The undersigned consents to allow the YMCA employees to seek medical treatment on their child, which may be deemed necessary and understands that the undersigned is solely responsible for any and all costs incurred, including medical transportation.
 5. The undersigned consents and authorizes in advance the use of his or her name in any pictures, broadcasts, telecasts, advertising or promotion of this event.
- THE UNDERSIGNED HEREBY EXPRESSLY ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND ALLOWS THE YMCA TO ANY PICTURES TAKEN OF ME OR MY CHILD DURING THE COURSE OF THIS PROGRAM.

Primary Guardian Name (Please Print) _____ Phone _____

Primary Guardian's Signature _____ Date _____

Child's Emergency Contact:

Name: _____ Phone: _____ Relation to Child: _____

Please list any medical concerns or limitations: _____