



2016 LA FERIA NFL FLAG FOOTBALL LEAGUE PLAYER REGISTRATION – AGES 5-12

PLEASE PRINT CLEARLY

PLAYER NAME		First		MI	Last			Suffix	
Male	Female	Birth Month		Birth Day	Birth Year			Age as of 9/1/2016	
NFL FLAG FOOTBALL JERSEY SIZE		YS	YM	YL	YXL/AS	AM	AL	AXL	A2XL
Parent/Guardian									
Mailing Address									
City				State		Zip			
Home Phone				Cell Phone					
Email									
Names of Siblings Playing in Same Division in League									
RETURNING PLAYER		Yes	No	2015 Team			2015 Coach		

I, the parent of the above named candidate for a position on a La Feria NFL Flag Football League Team, hereby give my approval to his/her participation in any and all NFL Flag Football League activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless the La Feria NFL Flag Football League, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities from any claim arising out of an injury to my child except to the event and the amount covered by accident or liability insurance. I will furnish a copy of the birth certificate of the above named candidate upon the time of registration and at the request of League Officials.

I affirm that I have read and understand the NFL Flag Football Player Registration Agreement and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing the player registration freely and voluntarily, and intend by my acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Furthermore, I agree to cooperate with the Head/Assistant Coach to ensure that my Child's Team contributes to the League by finding a sponsor of \$300. In the event my Child's Team is unable to find a sponsor, I agree to contribute my proportionate share of the sponsorship requirement as a team parent.

Parents Signature _____ Date: _____

Last 4 digits of Parent's SSN : _____ Money Order _____ Check _____ Cash _____ Credit/Debit _____