



**WOLFPACK**

VALLEY FOOTBALL & CHEERLEADING ASSOCIATION

## **RED & BLACK FLAG FOOTBALL**

### REGISTRATION AND RELEASE FORM

**PLEASE PRINT CLEARLY**

Current Grade \_\_\_\_\_ Age as of January 28, 2012 \_\_\_\_\_

No. of Years Flag Football \_\_\_\_\_ / No. of Years Contact Football \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Shirt Size: Youth M(10-12) L(14-16) || Adult S / M / L / XL

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) / Guardian Name \_\_\_\_\_

Contact Phone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any, Medical - Allergy - Physical Disabilities, YES  NO

Explain: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ ID/Policy # \_\_\_\_\_

All children registered with Valley Football and Cheer Association will be insured by a secondary carrier provided by VFCA effective after Parent/Guardian insurance has been exhausted. There is a \$100.00 deductible on the league's insurance. VFCA recommends a physical examination for your children prior to participation, but it is not required.

#### CONSENT TO MEDICAL CARE AND TREATMENT

I (Parent/Guardian Name) \_\_\_\_\_ authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical/hospital procedures as may be performed or prescribed by a licensed physician and facilities for (Child's Name) \_\_\_\_\_.

If this portion of the registration is not signed by the Parent or Guardian to permit medical treatment without notification, parent must be at every practice and game should child require medical attention!

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### HOLD HARMLESS AGREEMENT

Flag football is a vigorous activity and the possibility of injury does exist. I give approval and permission for my child to participate in the VFCA program. I hereby waive all claims for legal action, financial or otherwise, against above Junior Football Association, its elected and appointed officials, or any volunteer connected with the program for injuries which might occur during practice, traveling or game competition.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**VFCA use only:** Division \_\_\_\_\_ Coach \_\_\_\_\_