

# Spring Flag Football Camp 2012 Registration Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age (as of 7/31) \_\_\_\_\_

**Division:** \_\_\_\_\_ Cub (ages 5-7) \_\_\_\_\_ Bobcat (ages 8-10)  
\_\_\_\_\_ Wildcat (ages 11-13) \_\_\_\_\_ Panther (ages 14-16)

Jersey size: \_\_\_\_\_ ys \_\_\_\_\_ ym \_\_\_\_\_ yl \_\_\_\_\_ yxl  
\_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL

**Parent/Guardian Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Cell \_\_\_\_\_

**Registration Fee: \$40** (includes a team shirt) \_\_\_\_\_ pd  
(\$10 discount for each additional sibling)

**Medical History:**

- |   |     |    |
|---|-----|----|
| 1. Is the participant currently taking any medications?                   | Yes | No |
| 2. Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 3. Does the participant have asthma/or require the use of an inhaler?     | Yes | No |
| 4. Is the participant diabetic/or require medication for diabetes?        | Yes | No |
| 5. Does the participant wear glasses or contact lenses?                   | Yes | No |

If you answered yes to any of the above questions, please provide an explanation:

---

---

---

---

**Parental Release:** I hereby state that the above information is true and correct. I, the parent/guardian of the above named child, give my permission to participate in Spring Flag Football. My permission encompasses but is not limited to all practice sessions and games. I also understand that I am responsible for all equipment that my child is issued and agree to pay for anything that is not turned in at the end of the camp. Returned checks are subject to bank and attorney fees.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_