



10/11

UPWARD FLAG FOOTBALL AND CHEERLEADING REGISTRATION FORM

PARTICIPANT CONTACT INFO:

I AM REGISTERING MY CHILD FOR: FLAG FOOTBALL [] CHEERLEADING []

Last Name First Name MI

Address

City State Zip

Home Phone () Cell Phone ()

Parent's Email

Church (if you regularly attend church, which one?)

Player Information Notes (if any)

How many years has your child played organized flag football?

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Flag Football Jersey/Cheer Top Size (circle one):

YXS YS YM YL YXL/LAS AM AL AXL A2X

Cheer Skort Size (circle one):

YXS YS YM YL YXL/LAS AM AL AXL A2X

Cheer Mock Turtleneck Size (optional circle one):

YS YM YL YXL/LAS AM AL AXL A2X

Gender Grade (10-11 school year)

Date of Birth Month / Day / Year

Would you be willing to coach your child's team?

Yes [] No []

If yes, please print your name:

Carpool Link (only same age/grade and gender)

(other driver must also list year/child as their carpool link)

If applicable, circle ONE night your child CANNOT practice.

Monday Tuesday Thursday

EVALUATIONS: (GOACHES USE ONLY)

Come Weave (Time) Shuttle Run (Time)

Pattern Run (Time) Moving Catch (1-5)

30 Yard Dash (Time) Line Pass (Best of 3)

Inner Tube Pass (Total of 3)

PAYMENT:

Participant Fee - \$ + Turtlenecks - \$ = Total - \$

Table with columns: PAID, AMOUNT, PAYMENT TYPE

PLEASE BE SURE TO FILL OUT STEPS 1-5 PARENT/GUARDIAN INFORMATION:

1 Father/Guardian Work Phone () I would like to assist this league by being a: GOACH [] REFEREE [] TEAM PARENT []

2 Mother/Guardian Work Phone () I would like to assist this league by being a: GOACH [] REFEREE [] TEAM PARENT []

3 Emergency Contact Daytime Phone () Evening Phone ()

For a larger print version of these terms and conditions please visit www.upward.org/largefont

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward Unmanned (also doing business as "Upward Sports") athletic program (the "Program") of the above-named Church. My child will participate in the Upward sport (denoted on this form)...

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill, I, the parent or guardian of the above-named child, am not intent on making medical decisions. I hereby authorize the Church, its staff, volunteers, including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and others, to attempt for and consent on my behalf to emergency medical and dental care and treatment, including tests and other medical exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child, I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

Signature: Date: Printed Name: Date:

3 If only one parent/guardian signs this form, the following must also be signed: I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order; or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: Date: Printed Name: Date: UPW27935