



D – AGES 13-15:____

YOUTH SMALL: ___ YOUTH MED: ___ YOUTH LARGE: ___

ADULT SMALL:___ ADULT MED:___ ADULT LARGE:___ ADULT XL:___ ADULT 2XL:

T-SHIRT SIZE:

PHONE: 267.679.4211
W: PHANTOMZFOOTBALL.COM
E: PHANTOMZFOOTBALL1@GMAIL.COM

JR PHANTOMZ YOUTH FLAG FOOTBALL LEAGUE REGISTRATION FORM AND WAIVER OF LIABILITY

LEAGUE ORGANIZER: STAR WRIGHT EMAIL: Phantomzfootball1@amail.com PHONE: 267.679.4211 LEAGUE REGISTRATION FEE, PER PLAYER: \$50 MAKE CHECKS PAYABLE TO: PHANTOMZ FOOTBALL PAID BY: CASH:____ MONEY ORDER:____ Registration Deadline: April 1, 2017. The Jr. Phantomz Youth Flag Football League, is a non-contact football league. Sign up for Jr. Phantomz Youth Flag Football League, and you'll not only learn the game, you'll learn to love it. Jr. Phantomz Youth Flag Football League is open to all girls ages 5-15. Join Jr. Phantomz Youth Flag Football League today, and be your own superstar! **HOW YOU CAN PLAY!** To sign up for Jr. Phantomz Youth Flag Football League, complete and return this application with full payment to your league organizer. FIRST NAME: _____ LAST NAME: _____ HOME PHONE: EMAIL: AGE AS OF APRIL 1, 2017: DATE OF BIRTH: CITY: STATE: ZIP CODE: PLEASE NOTE: ALL JR. PHANTOMZ YOUTH FLAG FOOTBALL LEAGUE PARTICIPANTS MUST COMPLETE A MEDICAL RELEASE FORM FILLED OUT BY PRIMARY CARE PHYSICIAN. ______ PROGRAM: BRACKET A – AGES 5-6:______ BRACKET B – AGES 7-9:______ BRACKET C – AGES 10-12:_____ BRACKET





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JR. PHANTOMZ YOUTH FLAG FOOTBALL LEAGUE WAIVER OF LIABILITY

I/we, the parent(s)/guardian(s) of the above named player, hereby give my/our approval to his/her participation in any and all activities and programs of the Jr. Phantomz Youth Flag Football League. I/we agree to RELEASE, SAVE HARMLESS, AND INDEMNIFY Jr. Phantomz Youth Flag Football League, it's Directors, Officers, Employees, Representatives, Sponsors, Coaches, and Agents from all claims, actions, costs, expenses, and demands in respect to death, injury, loss or damage to my daughter or our property whosesoever and howsoever caused, arising out of or in conjunction with my child's participation. I further acknowledge that I am aware of the risk inherent in participating in the sport of Flag Football and I assume the risks and waive notice of all conditions, dangers and agree that this release shall bind my heir, executors, administrators and assigns.

I the Parent/Guardian of the applicant have read this release agree to Indemnify Jr. Phantomz Youth Flag Football League, its servants, agents, or employees from any claims or demands, which might be made against the Jr. Phantomz Youth Flag Football League out of or in consequence or participation by the applicant.

Parent(s)/Guardian(s) Name (Please Print)	
Parent(s)/Guardian(s) (Signature)	
Date:	



JR. PHANTOWIZ FLAG FOOTBALL LEAGUE