2017 Mattoon Junior Football League **Flag** Registration Form

NAME: _____

ADDRESS: _____

PHONE: _____ EMERGENCY NUMBER: _____

BIRTH DATE: _____ 2017-2018 SCHOOL GRADE _____
(month, day, year)

I, _____, hereby consent to allow _____
(Parent/guardian name) (Child's name)
to participate in the Mattoon Junior Flag Football League Program. To participate in the Mattoon Junior Flag Football League your child must be entering the third or fourth grade for the 2017-2018 school year. A registration fee of $45.00 must accompany this form**.** I hereby grant permission to Mattoon JFL to use my child's photograph(s) on any promotional materials and publications without further consideration.

_____
(Parent/guardian signature)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As parent or legal guardian of _____, I hereby give my
(Child's name)
consent for any emergency medical treatment as approved by his/her manager or other adult escort, in case of illness or injury while participating in the Mattoon Junior Flag Football League activities. I understand that this is to prevent undue delays and assure prompt treatment and that only a licensed physician will be engaged for such an emergency.

Signature _____
Relationship _____

(Parents will be notified in case of serious illness or injury as quickly as possible, but this consent form will make immediate treatment possible.)

If you have insurance, please list below. The league's insurance is a secondary policy.

Name of Insurance Co. _____

Policy Number _____

Please list any allergies or medication needed: _____

_____

PLEASE CIRCLE SHIRT SIZE:

YM 10-12 YL 14-16 ADULT SMALL ADULT MEDIUM ADULT LARGE