



DEADLINE- June 11, 2018

Flag Football ___ Ages 4-6. Fee \$35.00
Flag Football ___ Ages 7-9 Fee \$35.00
Flag Football ___ Ages 10-12 Fee \$35.00
Flag Football ___ Ages 13-15 Fee \$35.00

Community requesting
Tularosa ___ Alamogordo ___

PLAYER INFO.

PLEASE SELECT SPORTS DIVISION ABOVE

Name _____ Age _____, DOB _____ / _____ /20__

First time player _____ Returning player _____ Former team _____.

FLAG FOOTBALL ONLY!!! Shirt Size. Youth (XS), (S), (M), (L), (XL).

PLAYER MEDICAL INFORMATION.

Physician name	Physician Number	Emergency contact name and number

Known Allergies _____, Estimated Weight _____.

Insurance Carrier _____ Policy Number _____ Exp. date _____

PARENT INFORMATION.

Parent/ Guardian Information.

Mothers name _____ Work # _____ Cell # _____

Home or Mailing Address _____ City _____ State _____

Fathers name _____ Work # _____ Cell # _____

Home or Mailing Address _____ City _____ State _____

Please read carefully. Sign and date

There are risks and dangers affiliated with Tackle /Flag Football activities and events including great bodily harm or death. These risks and dangers are increased by the actions, negligence and lack of discipline of others.

- On behalf of Myself, Spouse, and Children I do hereby acknowledge and freely assume of all such risks both Known and Unknown even if arising from the signed releases and others I claim full responsibility for my child's participation and well-being.
- I willingly agree to comply with the program stated customary terms, conditions and rules for participation. If I observe unusual significant concerns in my child's readiness for participation with the OCYFL program itself I will notify the OCYFL Commission immediately, and or remove my child if I feel the situation calls for it. I acknowledge that the OCYFL does not permit any Refund of any sort.
- I, my family, heirs and next of kin do hereby Release All Owners, Sponsoring Agencies, Advertisers and Lessors of the premises used to conduct events, and activities with the respect to any disability, death, injury of any loss or damages to persons or property of incident of my child's involvement and participation in this program whether arising from negligence of the signed releases or otherwise or to the fullest extent of the law.
- I, my family, heirs and next of kin hereby indemnify and hold Harmless to all above Releases from any and all Liabilities and incident's involving my child or participant in this program. Even if arising from their Negligence.
- I agree to pay for all damages done to any OCYFL event or activity caused me or any member of my family reckless, or willful actions.

I have read this release and waiver document and fully understand it, and all its contents. I understand that by signing this agreement I do hereby release and voluntarily surrender certain legal rights.

Parent/ Guardian Signature _____ Date _____

Official Use Only!!!

Fee paid _____ Release form _____ Physical _____ Sch. Approved _____ Birth Certificate _____

Player returning to draft _____ Military _____

ocyfl@live.com

www.oterocountyvouthfootball.org

Heather- 575-495-6426 or Shasta- 575-921-5506

