



Youth Flag Football Registration Form

PLAYER NAME _____

FIRST NAME

MIDDLE NAME

LAST NAME

PARENT/GUARDIAN _____

ADDRESS _____

MAILING ADDRESS

PHYSICAL ADDRESS (if different)

CITY

STATE

ZIP CODE

TELEPHONE _____

MOBILE

HOME

WORK

EMAIL _____

DATE OF BIRTH _____

AGE _____

MALE

FEMALE

DIVISION (AGE AS OF 6/1/2023)

COED 5-6

COED 7-8

COED 9-10

COED 11-12

COED 13-15

JERSEY SIZE

YOUTH SMALL

ADULT MEDIUM

YOUTH MEDIUM

ADULT LARGE

YOUTH LARGE

ADULT XL

ADULT SMALL

ADULT XXL

IS THERE A SPECIFIC DAY OF THE WEEK YOUR CHILD **CANNOT** ATTEND PRACTICE? _____

IF YES, WHAT DAY(S)? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

We cannot make any guarantees, but we will do all we can to accommodate your practice night conflicts

OUR PROGRAMS ARE DEPENDENT UPON VOLUNTEER COACHES. ARE YOU, AS A PARENT, WILLING TO HELP COACH A TEAM IF NEEDED? YES NO MAYBE

EMERGENCY CONTACT: _____

Other than contact listed above

NAME

RELATION

PHONE

WHAT SCHOOL DOES YOUR CHILD ATTEND? _____

PLEASE LIST ANY REASON WHY IT WOULD BE DIFFICULT FOR YOUR CHILD TO PARTICIPATE:

HOW DID YOU HEAR ABOUT US? _____

REGISTRATION FEE:

CITY OF KANNAPOLIS RESIDENT

NON RESIDENT

PLEASE MAKE CHECKS PAYABLE TO: **CITY OF KANNAPOLIS**
PARENTAL CONSENT INFORMATION: MUST BE SIGNED FOR APPLICANT TO PARTICIPATE.

I (OR MY CHILD/REN) AM VOLUNTARILY PARTICIPATING IN THE PROGRAM ABOVE. IN RETURN FOR THE OPPORTUNITY TO PARTICIPATE, I VOLUNTARILY FOR MYSELF (OR CHILD/REN) WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF KANNAPOLIS, ITS EMPLOYEES, AND CONTRACTORS FROM ANY LIABILITIES, CLAIMS, DAMAGES, INJURIES, LOSSES, AND EXPENSES INCLUDING REASONABLE ATTORNEY FEES AND COSTS WHATSOEVER, INCLUDING THOSE FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE, WHICH MAY ARISE FROM OR IN CONNECTION WITH PARTICIPATION IN THIS PROGRAM, CLASS OR EVENT.

I HEREBY GIVE TO THE CITY OF KANNAPOLIS CONSENT FOR EMERGENCY TREATMENT AND TRANSPORTATION OF MY MINOR CHILD FOR ANY CONDITION THAT MAY ARISE FROM OR IN CONNECTION WITH PARTICIPATION IN THE PROGRAM, CLASS OR EVENT AND I SHALL BE RESPONSIBLE FOR THE PAYMENT OF ALL COSTS ASSOCIATED WITH SUCH EMERGENCY TREATMENT OR TRANSPORTATION. AND I HEREBY GIVE PERMISSION FOR THE INFORMATION ABOVE TO BE RELEASED TO EMERGENCY PERSONNEL.

FURTHERMORE, I HEREBY GIVE PERMISSION TO THE CITY OF KANNAPOLIS TO USE ANY PHOTOGRAPHS OR VIDEO RECORDINGS TAKEN BY THE CITY OF KANNAPOLIS, ITS OFFICERS, EMPLOYEES OR AGENTS OF EITHER ME OR MY CHILD/REN, DURING PARTICIPATION IN THIS PROGRAM, CLASS OR EVENT TO BE USED AT THE DISCRETION OF THE DEPARTMENT. I AGREE SUCH PHOTOGRAPHS SHALL BE THE PROPERTY OF THE CITY OF KANNAPOLIS AND I AM NOT ENTITLED TO COMPENSATION OF ANY KIND FOR USE OF SUCH PHOTOGRAPHS.

THE STATE OF NORTH CAROLINA HAS DECLARED THE SPREAD OF COVID-19 TO BE A NATIONAL AND STATEWIDE EMERGENCY. COVID-19 IS EXTREMELY CONTAGIOUS AND IS BELIEVED TO SPREAD MAINLY FROM PERSON-TO-PERSON CONTACT. AS A RESULT, SOCIAL DISTANCING, FACE MASKING AND OTHER PREVENTATIVE MEASURES ARE RECOMMENDED. THE CITY OF KANNAPOLIS HAS PUT IN PLACE PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19. HOWEVER, I UNDERSTAND THE CITY CANNOT GUARANTEE THAT I, MY FAMILY OR EVENT VISITORS WILL NOT BECOME INFECTED WITH COVID-19 DURING USE OF PARK FACILITIES. BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT I AND MEMBERS OF MY PARTY MAY BE EXPOSED TO OR INFECTED BY COVID-19 DURING USE OF THE PARK FACILITIES AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY AND DEATH. I WILL ADVISE EACH PARTICIPANT OF MY EVENT OF THE RISK OF BEING EXPOSED TO COVID-19. THEREFORE, I HEREBY ASSUME THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY, ILLNESS OR DEATH TO MYSELF OR ANYONE IN MY PARTY RESULTING FROM SUCH EXPOSURE. ON BEHALF OF MYSELF AND MY PARTY, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CITY OF KANNAPOLIS, ITS EMPLOYEES, AGENTS, OFFICIALS AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES COSTS OR EXPENSES OF ANY KIND ARISING OUT OF EXPOSURE TO COVID-19.

PARENTS' CODE OF ETHICS: I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE, AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS PAYS PARENTS' CODE OF ETHICS: I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME, PRACTICE, OR OTHER YOUTH SPORTS EVENT. I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY CHILD AHEAD OF A PERSONAL DESIRE TO WIN. I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT. I WILL REQUIRE THAT MY CHILD'S COACH BE TRAINED IN THE RESPONSIBILITIES OF BEING A YOUTH SPORTS COACH AND THAT THE COACH UPHOLDS THE COACHES' CODE OF ETHICS. I WILL SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD, IN ORDER TO ENCOURAGE A POSITIVE AND ENJOYABLE EXPERIENCE FOR ALL. I WILL DEMAND A SPORTS ENVIRONMENT FOR MY CHILD THAT IS FREE FROM DRUGS, TOBACCO, AND ALCOHOL, AND WILL REFRAIN FROM THEIR USE AT ALL YOUTH SPORTS EVENTS. I WILL REMEMBER THAT THE GAME IS FOR YOUTH - NOT FOR ADULTS. I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR MY CHILD. I WILL HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE BY DOING WHATEVER I CAN, SUCH AS BEING A RESPECTFUL FAN, ASSISTING WITH COACHING, OR PROVIDING TRANSPORTATION. I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS WITH RESPECT REGARDLESS OF RACE, SEX, CREED OR ABILITY.

SIGNATURE OF PARENT/ GUARDIAN

PRINTED NAME OF PARENT/ GUARDIAN

DATE

SPECIAL REQUESTS:

PLEASE NOTE THAT ALL REQUESTS CANNOT BE HONORED, BUT WE WILL ATTEMPT TO HONOR YOUR REQUESTS IF FEASIBLE. THE ROSTERS WILL BE LOCKED AFTER THE DRAFT IS COMPLETE. NO SWITCHING TEAMS AFTER THE DRAFT IS COMPLETE.

FOR OFFICE USE ONLY:

CASH / CHECK# _____ AMOUNT \$ _____ DATE _____ BIRTH CERTIFICATE ON FILE _____

NOTES :