



217-228-1705 | 701 North 8<sup>th</sup> Street | Quincy, IL 62301

For any questions, please contact Trudy Gay @ (817)915-4298

**2019 Flag Football League and Cheerleading – Registration Form**

*Flag Football Ages 6-9 & 10-14: \$10.00 (includes T-Shirt)*

*Cheerleading Ages 6-9 & 10-14: \$10.00 (includes T-Shirt)*

**Registration Day – August 3<sup>rd</sup> & 10<sup>th</sup> at Jackson Lincoln Swimming Complex**

**Note: Payment must be received at time of registration with completed form**

Flag Football & Cheerleading begins August 17<sup>th</sup>. Please return the completed form to Jackson Lincoln Swimming Complex. Incomplete Registration Forms will not be accepted. All players/participants will receive a T-shirt.

T-SHIRT SIZE (SIZES RUN SMALL) 6/8 10/12 14/16 Adult S Adult M Adult L Adult XL Adult XXL

**PLEASE PRINT**

CHILD'S NAME \_\_\_\_\_ GENDER (circle one) Male Female

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ EMERGENCY ( ) \_\_\_\_\_ - \_\_\_\_\_ SCHOOL \_\_\_\_\_

E-MAIL \_\_\_\_\_ @ \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE ('19/'20) \_\_\_\_\_

SPECIAL REQUESTS: COACH \_\_\_\_\_ TEAMMATES \_\_\_\_\_

**Note: Changes to registration forms and team rosters CANNOT be made after August 10<sup>th</sup>**

**DIVISIONS** (Please Check Appropriate Division)

- Flag Football - Ages 6 - 9 \_\_\_\_\_
- Flag Football - Ages 10 - 14 \_\_\_\_\_
- Cheerleading - Ages 6 - 9 \_\_\_\_\_
- Cheerleading - Ages 10 & 14 \_\_\_\_\_

**Games will be played on:**

August 17, 24, 31(SuperBowl)

**Games will be scheduled:**

9am | 10am | 11am | 12pm

**All games will be played in the field west of the pool.**

**WE NEED YOUR HELP!** We need great volunteers to serve as **Coaches** and **Assistant Coaches**. If you are interested in helping, please indicate by filling in the following information.

NAME \_\_\_\_\_ I volunteer to be a COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_

CONTACT NUMBER (DAY) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Do you know someone who would like to be an Assistant Coach? NAME \_\_\_\_\_ Phone \_\_\_\_\_

**Waiver / Release of All Claims and Hold Harmless Agreement for the Quincy Park District & Jackson Lincoln Swimming Complex**

In signing this waiver, you will be releasing all claims for injuries arising out of this program that you or the above named participant might sustain. The term "I" also refers to parents as well as guardians as well as the participants in the program. As a participant in the program, I am fully aware that accidents and / or injuries may occur during the conduct of this program activity and do fully agree to absolve the Quincy Park District & Jackson Lincoln Swimming Complex, elected or appointed officials, including all employees and program staff from all personal liability as the result and conduct of said program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_