



Natick Junior Redmen Youth Football Association

P.O. Box 743, Natick, Massachusetts 01760
(508) 653-9900

2010 Registration Form for Flag Football

Last Name: _____	First Name: _____
Address: _____	Town: _____ Zip: _____
Home Phone: (____) _____	Email: _____
Date of Birth: ___/___/___	Female <input type="checkbox"/> Male <input type="checkbox"/>
Parent: _____	Work or Cell Phone: (____) _____
Parent: _____	Work or Cell Phone: (____) _____
School attending in fall: _____	Grade in fall: <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
T-Shirt Size: <input type="checkbox"/> Small (7-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> X-Large (18-20)	
Previously played flag football? <input type="checkbox"/> 1 st , <input type="checkbox"/> 2 nd or <input type="checkbox"/> 3 rd Time Playing _____	

Comments/Requests*:

*Please Note: Teams will be put together randomly. Only requests for siblings to be kept together on the same team will be granted.

Willing to volunteer? Coach Assistant Other:

PLEASE READ AND SIGN THE PARENT/GUARDIAN PERMISSION AND MEDICAL FORM

I, the parent/guardian of the above named child, do hereby give my approval to his/her participation in flag football under the sponsorship of the Natick Junior Redmen Youth Football Association, Inc. I assume all risks and hazard incidental to such participation including transportation to and from the activities, and I do waive, release, absolve, indemnity and agree to hold harmless the local Youth League, Natick Junior Redmen Youth Football Association, Inc. and the Board of Directors, the organizers, coaches, participants and persons involved with my child for any claim arising out of an injury to my child. I assume all responsibility and certify that my child is in good physical health and is capable to participate in flag football. I grant permission for my child to receive emergency medical treatment whenever and wherever necessary while participating, including transportation to and from activities in any function with any activity of the Natick Junior Redmen. I agree to allow the Natick Junior Redmen to release photographs of my child for publicity in newspapers and on our web site. Individual children will not be identified in photos. I hereby give my consent for my child to participate in the activity. **I have read with my child the Natick Junior Redmen Zero Tolerance Policy, printed on backside of this application and understand fully that if not followed could result in my child's termination from this program.**

Signed: _____ **Date:** _____

Registration Fee: \$75 for each child. Please make checks payable to Natick Junior Redmen. Parents/guardian must fill out one registration form for each participant. Mail completed form and check to address at top of page. **There will be no refunds given after August 15, 2010.** Financial Aid is available for those that qualify through the Natick Service Council at 11 Pond Street, 508-655-1791. Simply fill out a Request for Financial Aid form and bring it to the Natick Service Council.

Questions? Please e-mail us at football@natickjuniorredmen.com or call the Natick Junior Redmen hotline at (508) 653-9900 or visit us at www.natickjuniorredmen.com

Organization use only: Date Rec'd ___/___/___ Amt Rec'd \$ _____ Check # _____ Cash