

# HRC's Flag Football

Come out and be a part of this exciting league. The Ellis Rec. acts in accordance with the HRC flag football league. Hays Rec will provide jerseys for the participants to play in. Games are held on Saturdays or Sundays. Practices are held in Ellis and can begin as soon as the teams are formed, and will be scheduled through the coaches and field availability.

All youth must play in the appropriate age/grade division.  
(Requests to be moved to another division will only be granted by the Superintendent's approval)

**Registration Deadline: August 5, 2020**

*\*Register online today!\**

**Fee:** \$35.00 (includes jersey)

**Age:** Boys & Girls 6-8 yrs. (coed) & 9-12 yrs. old (coed)

**This league may have to be altered depending upon registration.**



**REGISTRATION DEADLINE AUGUST 5, 2020**

Print Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(as of September 1, 2020)

T-Shirt Size: **Circle** – Youth: S M L Adult: S M L XL

Print Father's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Print Mother's Name \_\_\_\_\_ Wk# \_\_\_\_\_

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Wk # \_\_\_\_\_

Relationship to participant \_\_\_\_\_ List any medical conditions if any: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE:** I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. **WAIVER RELEASE STATEMENT:** As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **I, the Parent/Legal Guardian** of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of parent or guardian: \_\_\_\_\_

E-mail address of parent/ guardian \_\_\_\_\_  
(This will be used to e-mail upcoming ERC events.)

**Please Return Form to:** Ellis Recreation Commission, 1204 Washington, Ellis, Kansas 67637, Phone: (785) 726-3718 OR Drop off at the Boxes at Schools

Without volunteer coaches we cannot have teams, please consider coaching!

Coaches Meeting @ HRC TBD

I am willing to be a Volunteer Coach

Yes or No

**FOR OFFICE USE ONLY:** Pd \_\_\_\_\_ SCH \_\_\_\_\_ W \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Name: \_\_\_\_\_

**HRC Flag Fball 2020**