BOYS & GIRLS CLUBS
OF RUTHERFORD COUNTY

Office Use Only

Amt. Paid

_____ non-mem. football ($45)
_____ member football ($35)
_____ staff accepting payment
NOTES:

2017 All-Star Flag Football Registration Form
(Ages 10-12 yrs)

Player's Name: _____ Sex: Male or Female (circle one)

Player's Age as of 9-4-17: _____ Birthdate: _____

Address: _____ School: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home phone: _____ Work #: _____ Mobile #: _____

Emergency contact: _____ Telephone: _____

Game Shirts/Jerseys are provided.
Shirt/Jersey sizes (circle one)

YOUTH _____Small _____Medium _____Large _____XL

ADULT _____Small _____Medium _____Large _____XL

Are you interested in coaching your child/ren's team(s)? _____

Preferred Coach(es): _____
May not be guaranteed due to limited space – maximum of 10 players per team

We, the parent(s)/guardian(s) of _____ give permission for my child to participate in the Boys & Girls Clubs of Rutherford County Flag Football Program. We agree not to hold the Club, staff, volunteer coaches, or any other official responsible for injury.
We have insurance with:

_____ _____
Company Policy Number

_____ _____
Doctor's Name Phone Number

_____ _____
Signature Date

ALL FEES PAID ARE NON-REFUNDABLE.