

**\$55.00 Fee**

2010  
PLAYERS'S FORM  
CITY OF HONDO

Please Initial if you want your child put in the Open Draft.  
\_\_\_\_\_  
\*No Initials the child will stay on the same team from previous year

# NFL YOUTH

# FLAG-FOOTBALL LEAGUE

PLEASE PRINT THE FOLLOWING INFORMATION:

TODAY'S DATE: \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_ (CIRCLE ONE) MALE FEMALE

AGE (as of 9/1/2010): \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_

SHIRT SIZE (CIRCLE ONE): Youth: S M L Adult: S M L XL XXL

LEGAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**IF THERE ARE SIBLINGS IN THE SAME LEAGUE WOULD YOU LIKE THEM ON THE SAME TEAM?**  
YES NO (SIBLINGS ONLY!)

**SIBLINGS NAME:** \_\_\_\_\_

Email: \_\_\_\_\_

### **\*NO SPECIAL REQUESTS\***

AS CONSIDERATION FOR ALLOWING THE PARTICAPANT TO REGISTER FOR THE CITY OF HONDO NFL YOUTH FLAG-FOOTBALL LEAGUE, I HEREBY, FOR MYSELF, THE PARTICAPANT AND OUR REPRESENTATIVE HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE AND HOLD HARMLESS THE CITY OF HONDO AND IT'S OFFICERS, EMPLOYEES, AGENTS, OFFICIALS, COACHES, AND VOLUNTEERS ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY WHATSOEVER, INCLUDING ATTORNEY'S FEES, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUBSTAINED BY THE PARTICIPANT ON ACCOUNT OF ANY NEGLIGENT ACT OR OMISSION OF THE CITY, IT'S OFFICERS, EMPLOYEES, AGENTS, OFFICIALS, COACHES, AND VOLUNTEERS IN CONNECTION DIRECTLY WITH HIS/HER PARTICIPATION IN THE NFL YOUTH FLAG-FOOTBALL LEAGUE. PERMISSION IS HEREBY GRANTED FOR THE ABOVE NAMED INDIVIDUAL TO PARTICIPATE IN THE NFL YOUTH FLAG-FOOTBALL LEAGUE. IT IS AGREED THAT HE/SHE SHALL BE SUBJECT TO ALL SAFETY REGULATIONS ENFORCED BY THE STAFF DURING THE SEASON. ALSO, IF HE/SHE IS COACHING IN A MANNER THAT IS NOT BENEFICIAL TO THE PLAYERS OF THE NFL YOUTH FLAG-FOOTBALL LEAGUE PROGRAM, HE/SHE WILL BE ASKED TO RELINQUISH THEIR SUPERVISION AND MANAGEMENT OF THE NFL YOUTH FLAG-FOOTBALL TEAM.

**PERMISSION IS GRANTED FOR THE USE OF THE CHILD'S NAME AND/OR PICTURE TO BE PRINTED IN THE NEWSPAPER OR POSTED ON THE CITY OF HONDO WEBSITE.**

PARENT OR GUARDIAN

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RELATIONSHIP OF GUARDIAN TO CHILD: \_\_\_\_\_

FOR OFFICE USE ONLY

RECEIPT: _____	JR. DIVISION _____	SR. DIVISION _____
TEAM: _____	First year: YES NO	Plan A Plan B Plan C