

**PLAYER CONTRACT – COED FLAG FOOTBALL (Grades K&1) & TACKLE FOOTBALL (Grades 2&3, 4&5, 6&7)**  
Please check league:  Coed Flag Football (K&1)  Tackle Football (2&3)  Tackle Football (4&5)  Tackle Football (6&7)

**PARTICIPANTS REGISTRATION INFORMATION:**

_____	_____	_____	_____
Last Name	First Name	Middle Init.	Male or Female
_____	_____	_____	_____
Date of Birth – Month/Day/Year	Age	Home Telephone	E-mail address
_____	_____	_____	_____
_____	_____	_____	_____
Address	City/Town	State	Zip Code
_____	_____	_____	_____
Public school you are/would/will attend	Grade		
_____	_____		

Name of last year's coach if child participated: \_\_\_\_\_

**MEDICAL HISTORY:**

- Does your child have a medical condition that we need to be aware of? Yes No If Yes, what? \_\_\_\_\_
- Is your child currently on any medication? Yes No If Yes, what? \_\_\_\_\_

**The purpose of participation in any Recreation activity is to have fun. Learning and sportsmanship should be placed ahead of winning. Each player, coach, parent, official and spectator is expected to remember that being involved and encouraging the development of every participant is our goal. By filling out this form, each player and parent acknowledges that they will act in a sportsmanlike manner and will at all times conform to the rules of the Department.**

- The Floyd County Department of Recreation does not discriminate based on race, color, national origin, age, religion, political affiliation, handicapping conditions or sex in its recreational programs.
- Players are to be governed by the Rules and Regulations of this league. Players are expected to participate in all the practice sessions and games scheduled for their team, unless properly excused. Players will not play on any other team/league during the life of this agreement until such action is taken by the proper authorities of this league for their release.
- Parents should be advised that they will be held financially responsible for the loss, misuse or neglect of any uniform and equipment issued to their child for participation in the youth league.
- Fees: A reduced participation fee for families within the same household with more than one child participating in the same sport or sports that may be run simultaneously is available. Contact the Recreation Department for details.
- The Floyd County Department of Recreation **DOES NOT** carry medical insurance on participants. Participants should have separate medical insurance for injuries which may be sustained due to this activity.

I/We have read the contents of this Agreement and do hereby agree to the conditions outlined. I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the County or any of its subdivisions, affiliates, employees, volunteers, contractors or agents for injuries received through participating in the above-mentioned league.

I hereby set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_  
**PRINTED NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**This form must be completed and turned into the Recreation Office by the deadline set.  
Please make checks payable to the Treasurer of Floyd County.  
Please send separate checks for each child participating and attach to appropriate form.  
A copy of the child's birth certificate must accompany this form.**

**MINOR WAIVER/RELEASE**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to participate in any way in the Floyd County Recreation Department's related events and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and

1. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
2. I willingly agree to comply with the programs' slated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the nearest official immediately; and
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Floyd County Recreation Department, its Board of Supervisors, Administration, Directors, Officers, Officials, Agents, Employees, Volunteers, Other Participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(Parent/Guardian Signature)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Parent/Guardian)

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations and accept them as a participant.

\_\_\_\_\_  
(Participant Signature)

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Participant)