Lincoln County Falcon Flag & Jr Pro Football Registration Form

2025 Price - Flag $40 Jr Pro (Tackle) $75

Date:_____Register For (check one only): Flag (2nd/3rd Grade) ____Tackle (4th/5th Grade) _____

Participants Name:_____Home Phone: _____

Home Address:_____City:_____Zip: _____

Participant DOB:_____/_____/_____League Age (as of August 1st):_____Current Height:_____Weight:_____
MM / DD / YEAR

School Attending:_____Grade (new school year 2025):_____ SHIRT SIZE: _____

PARENT/GUARDIAN INFORMATION (please print)
Father/Male Guardian's Name: _____

Cell Phone:_____Alt. Phone:_____Email Address: _____

Mother/Female Guardian's Name: _____

Cell Phone:_____Alt. Phone:_____Email Address: _____

EMERGENCY CONTACT NAME /PHONE: _____

VOLUNTEER INFORMATION: Adults interested in a leadership position check your areas of interest:

☐ HEAD FOOTBALL COACH ☐ ASST. FOOTBALL COACH ☐ GAME ANNOUNCER ☐TEAM MOM

PARENTAL SECTION (Authorization, Waiver and Consent)

I/we the parents of the above named applicant to Lincoln County Falcon Flag & Jr Pro Football hereby give my/our approval of said applicant's participation in and all activities during the current season. I/we understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to the applicant's participation, and I/we are willing to assume these risks. I/we will accomplish an applicant sports physical and provide LC Jr Pro official documentation prior to practice commencing. I/we certify that the applicant is fully capable of participating in this sport and that he/she is healthy and has no mental disabilities or infirmities that would restrict full participation in these activities except as listed above. In addition to giving full consent for participation, I/we do hereby waive, release, and hold harmless the Lincoln County Jr Pro Association, it's officers, coaches, sponsors, supervisors, and representatives for any injuries that may be suffered by the applicant in the normal course of participation in this sport and activities incidental thereto whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will furnish a certified Birth certificate of the above named applicant upon request by Association officials. I/we will be financially responsible for equipment issued to the applicant other than the normal wear and breakage during games and practices and I/we will reimburse the Lincoln County Jr Pro or its respective member association for the loss and damage to the equipment. I/we give permission to LC Jr Pro and/or its member associations to validate participant's school grades. I/we, certify that to the best of my/our knowledge, all the above information is accurate and correct and that any false information may be cause for disqualification of applicant. I/we certify the above named applicant is scholastically able to participate.

Father/Male Guardian Signature _____ **Mother/Female Guardian Signature**_____
(ONE SIGNATURE MANDATORY)

EMERGENCY MEDICAL

I/we the parent of the above named applicant give our permission for any emergency treatment necessary either on the practice field or on the game field. I/we authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Lincoln County Jr Pro practices or games.

Father/Male Guardian Signature _____ **Mother/Female Guardian Signature**_____
(ONE SIGNATURE MANDATORY)

CODE of CONDUCT POLICIES

I/we have received and read a copy of the Lincoln County Jr Pro Code of Conduct for Coaches, Parents and Players.

Father/Male Guardian Signature _____ **Mother/Female Guardian Signature**_____
(ONE SIGNATURE MANDATORY)

Lincoln County Falcon Flag & Jr Pro Football USE ONLY

☐Physical ☐Concussion Form ☐Ethics Policy

☐Registration Fee Paid Amount_____ ☐Cash ☐Check# _____

****** THERE WILL BE A $30.00 FEE FOR ANY RETURNED CHECKS******
****ALL REGISTRATION FEES ARE NON REFUNDABLE****