



# **East Jackson Youth Football**

## **Flag and Tackle Sign Up Form**

### **Registration fees for Flag and Tackle Football:**

Only \$10 per player with a \$30 family cap for families enrolled in the district.  
\$30 per kid if they are not enrolled in the district.

### ***Tackle Football (Grades 5 and 6)***

Weight: \_\_\_\_\_ Helmet Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_

Jersey Size: \_\_\_\_\_ Shoulder Pad Size: \_\_\_\_\_

### ***Flag Football (Grades 3 and 4)***

Weight: \_\_\_\_\_ Jersey: \_\_\_\_\_ Shorts: \_\_\_\_\_

I have witnessed my players fitting and understand that once ordered these sizes are final and any return or exchange of equipment could result in additional fees.

Parent Signature: \_\_\_\_\_

## **Contact Information**

Name of Participant: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Street Number and Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Phone Number to Contact You: \_\_\_\_\_

Person to Call in the Event of an Emergency: \_\_\_\_\_

# East Jackson Community Schools

## AGREEMENT TO PARTICIPATE – LIABILITY WAIVER

### Risks of Injury

I am aware that participating in physically strenuous activities can be dangerous involving many risks of injury. These injuries could include the following injuries to me or others as a result of my participation:

1. Bruises and Cuts
2. Muscle tears, sprains and strains
3. Broken bones
4. Closed head injuries
5. Partial and full paralysis
6. Death
7. And other impairments to the body or mind

I acknowledge that the risk of injury will vary by the type of activities I do and my general physical condition. I understand that exceeding my physical limitations will increase risk of injury. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent my use of the school district's facilities. I acknowledge that I have been informed of the need for a physician's approval for using the school district's facilities. I also acknowledge that it has been **recommended** that I have a yearly or more frequent physical examination and consult with my physician about the following: type and degree of physical activity, and the use of exercise and training equipment.

### Payment of Injury Expenses

I understand that the East Jackson Community School District and East Jackson Youth Football does NOT maintain premises accident medical insurance for injuries which may be associated with strenuous physical activities. It is my responsibility or my parent's responsibility to provide medical insurance or other financial means for paying for facility related injuries.

### Agreement

1. I willingly agree to accept all responsibilities in case of accident or injury resulting from my use of the East Jackson Community School District's facilities.
2. I also agree that the East Jackson Community School District or East Jackson Youth Football and anyone associated with it will not be held responsible for any loss, injury, or death except that which is caused by a East Jackson Community School District's staff member or East Jackson Youth Football Volunteer their authorized agent resulting for the staff's or authorized agent's gross negligence or intentional act.
3. I also agree that the East Jackson Community School District and East Jackson Youth Football and anyone associated with it will not be held responsible for any loss, injury, or death resulting from another user's action or failure to act related to the use of this facility.
4. I also know that it is my responsibility to know and obey the safety rules and direction of staff to ensure my own safety. Failure on my part to abide by the rules of the facility can jeopardize my eligibility to continue participating in the facility.
5. I certify that I am at least 18 years old unless otherwise noted below
6. My signature at the bottom of this form means that I have read, understand and agree to these terms of my using the facilities of East Jackson Community Schools.

**If participant is under 18 years of age, parent/guardian signature is required below attesting to have read, understood and agreed to the above terms.**

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Parent/Guardian Name (*printed*)

Participant/Guardian Signature