

All Players Are  
Required To Have  
Mouthpieces.

BROOKHAVEN RECREATION DEPT.

## Flag Football

\$50.00 Per Player

**DEADLINE**  
August 16, 2019

☐ BOY ☐ GIRL

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE (AS OF 9/1/2019) \_\_\_\_\_

GRADE \_\_\_\_\_

☐ Division A (5-6 Coed)

☐ Division B (7-9 Coed)

Players will be **DRAFTED**

Division A ONLY

Coach Request \_\_\_\_\_

Teammate Request \_\_\_\_\_

### WHAT SCHOOL DOES YOUR CHILD ATTEND?

☐ MAMIE MARTIN ELEMENTARY ☐ BROOKHAVEN ELEMENTARY ☐ LIPSEY MIDDLE SCHOOL

☐ BOGUE CHITTO ☐ WEST LINCOLN ☐ ENTERPRISE ☐ LOYD STAR ☐ WESSON

☐ BROOKHAVEN ACADEMY ☐ OTHER \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

EMAIL ADDRESS (EXAMPLE: JOHNDOE@YAHOO.COM) \_\_\_\_\_

ADDRESS (Apt#) CITY ZIP \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE

DO WE HAVE PERMISSION TO SEND YOU A TEXT MESSAGE? ☐ YES ☐ NO

DID YOU PLAY FLAG FOOTBALL LAST YEAR? ☐ YES ☐ NO

☐ I have a brother/sister playing \_\_\_\_\_

I WOULD LIKE TO VOLUNTEER AS A ☐ COACH ☐ ASST COACH

Youth Sizes				JERSEY SIZE (Circle One)	Adult Sizes			
YS	YM	YL	YXL		AM	AL	AX	2X

### RELEASE BY PARENT OR GUARDIAN

I \_\_\_\_\_, am the natural parent and/or guardian of the minor child \_\_\_\_\_

(Parent) (Child)

whose birthday is \_\_\_\_\_. By virtue of and in consideration of the city of Brookhaven and its department of recreation allowing my minor child to participate in the following recreational activity, to wit:

### FLAG FOOTBALL

I do hereby, on behalf of my minor child, release said city and department from any responsibility for any harm or injury, (or any liability, which may result there from) which said child may experience or suffer from while participating in or attending a recreational activity sponsored, operated or created by said city and department. I further recognize and acknowledge that the said city and department will provide no health and accident insurance for my child to cover my child from bodily injury he/she may suffer while participating in the city and department recreational activities. The Recreation Department has permission to use any photographs taken during this activity for publicity purposes. I have read and understand the above release and agree to its term.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

☐ CASH

☐ CHECK

AMOUNT PAID \_\_\_\_\_

(Payable to BRD)

RECEIPT NUMBER \_\_\_\_\_