

c r o w l e y
r e c r e a t i o n
d e p a r t m e n t



337-788-4124
 P.O. Box 1524
 Crowley, La 70527



2011 FOOTBALL REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ INIT. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ BIRTH DATE _____ HEIGHT _____ AGE _____ T- SHIRT SIZE _____

FIRST DEADLINE TO SIGN UP IS AUGUST 12TH, 2011

FINAL DEADLINE TO SIGN UP IS AUGUST 19TH, 2011

AN ADDITIONAL \$10.00 LATE FEE WILL APPLY AFTER FINAL DEADLINE

PLAYERS WILL NOT BE REQUIRED TO HAVE A PHYSICAL. MANDATORY WEIGH-INS WILL TAKE PLACE ON AUGUST 22 & 23, 2011 FOR EACH LEAGUE. ANY PLAYER NOT ATTENDING WEIGH-INS WILL NOT BE PLACED ON A TEAM.

LIVES WITH: FATHER _____ MOTHER _____ BOTH _____ OTHER _____

FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS

PERSON TO NOTIFY IN EMERGENCY _____ TELEPHONE _____

SCHOOL _____ GRADE _____ EMAIL ADDRESS _____

SIBLINGS IN LEAGUE:

NAME _____ AGE _____ NAME _____ AGE _____

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES. FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WAVE PARENT, GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR NOT RETURNED.

PARENTAL SUPPORT

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA(S) IN WHICH YOU WOULD BE WILLING TO HELP.

- COACH
- ASSIT. COACH
- TEAM MOM (PHONE CALLS)

SIGNED _____ PARENT OR GUARDIAN

THIS RELEASE FORM MUST BE SIGNED BY THE PARENTS AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE (MAIL TO: P.O. BOX 1524, CROWLEY, LA 70527) , ALONG WITH REGISTRATION FEE ON OR BEFORE THE DEADLINE LISTED BELOW. REGISTRATION FEES ARE \$25.00 IF YOU LIVE IN THE CITY LIMITS AND \$35.00 OUTSIDE THE CITY LIMITS. EACH ADDITIONAL CHILD IS \$5.00 LESS THAN REGULAR PRICE.

| LEAGUE | AGE |
|---------|---------|
| PEE WEE | 7 & 8 |
| JUNIOR | 9 & 10 |
| SENIOR | 11 & 12 |

**AGE DETERMINING DATE: SEPTEMBER 1, 2011.
 NO REFUNDS WILL BE GIVEN AFTER PRACTICE BEGINS.
 PLAYERS WILL BE REQUIRED TO WEAR A MOUTH PIECE
 JERSEY, HELMET & SHOULDER PADS PROVIDED BY CRD.**

FOR OFFICE USE ONLY:

AMOUNT PAID _____ CK# / CASH _____

INPUTTED BY _____ DATE _____