

# PORTALES CITY SPORTS

Registration Ends 8/21/2013  
Late Registration 8/22 & 23/2013

## **-Youth Flag Football League-**

\_\_\_\_\_  
Player's Name (Print)

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Gender Current Age Current Grade Date of Birth (month/day/year)

\_\_\_\_\_  
Current School Attending Team Name, if known: \_\_\_\_\_

Having been informed of the organization of Portales City Sports Youth Flag Football to provide supervised flag football games, I/We the parent(s) of the above named player, do hereby give my/our approval to participate in any and all of the activities during the current season. I/We do hereby state that the player is physically able to participate in flag football. I/We do assume all the risks and hazards incidental to the conduct of the activities and transportation to and from the activities, and I/We do further hereby release, absolve, indemnify and hold harmless Portales City Sports and the City of Portales, the organizers, the supervisors, and coaches—any or all of them. In case of injury to the player, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors and coaches appointed by them. I/We are in a position to furnish upon request by league officials a certified copy of the birth certificate of the above named player.

Children are eligible to participate in the league if he/she is in K, 1<sup>st</sup>, or 2<sup>nd</sup> grade and girls in 3<sup>rd</sup> grade in Roosevelt County and have paid the registration fee of \$35 must be paid in full at the time of registration. **If you do not PAY, then you do not PLAY. A late registration fee of \$10 will be added on to the original fee after 8/21/2013.** Uniforms are ordered based on the size marked below. If you order the wrong uniform size, it is the responsibility of the player and/or guardian/parent to purchase the correct size once the uniform order has been placed and/or received.

I/WE KNOW THERE IS NO INSURANCE COVERAGE PROVIDED FOR THE PLAYERS IN THIS ACTIVITY;  
THEREFORE, I/WE REALIZE THAT I/WE ARE ENCOURAGED TO MAKE ARRANGEMENTS FOR INSURANCE COVERAGE.

**Players and parents must give other players, coaches and officials respect and courtesy or they may forfeit eligibility.**

\_\_\_\_\_  
Parent /Guardian Signature Print Name Date

\_\_\_\_\_  
Parent /Guardian Signature Print Name Date

\_\_\_\_\_  
Home Phone Work Cell

\_\_\_\_\_  
Email

*Check one of the following:*

School Grade:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> (Girls)

Shirt Size: YS YM YL AS AM AL AXL

Short Size: YS YM YL AS AM AL AXL

Interested in coaching? YES NO

RETURNER ---  YES  NO

### FOR PCS USE ONLY

DATE PAID \_\_\_\_\_

AMT PAID \_\_\_\_\_

RECEIPT # \_\_\_\_\_

CASH  CHECK# \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

TEAM \_\_\_\_\_