FUN SPORTS, INC.
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561-801-2418

ADULT FLAG FOOTBALL LEAGUE
(PLEASE PRINT ALL INFORMATION)

2016 TEAM FORM
TEAM NAME: _____

#1 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#2 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#3 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#4 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

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#5 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

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#6 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#7 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

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#8 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

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#9 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

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#10 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#11 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

#12 PLAYER NAME / HOME ADDRESS (STREET, CITY, ZIP) SIGNATURE _____

CELL PHONE ( ) _____ EMERGENCY CELL PHONE ( ) _____

I, named guardian of above listed candidate for 2016 ADULT FLAG FOOTBALL PROGRAM, hereby give my approval for participation in any and all activities, including transportation to and from the facility. This includes walking and auto transport. All players, coaches and recognized team supporters must follow established Code of Conduct policy as instructed by staff for the safety of all participants. I, know that participation is a contact event and could result in serious injuries and protective equipment or rules does not prevent all injuries, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local facility, the organizers, sponsors, supervisors, participants, referees and persons from activities for any claim arising out of any injury to me or my guests whether the result of negligence any other cause. In addition, I drive and park my own transportation vehicle at my own risk while participating. I, hereby give our consent to any duly licensed physician or hospital for any necessary emergency treatment if an accident should occur during practice or games. I, herby consent for the authorized medical treatment and signed hospital forms required to permit any hospital treatment, if accident happens. I, herby consent and release for any photographs or video made by any party during participation, and I, herby agree to the recognized and established non refund policy. I agree to pay a $1. per game, location fee as assigned by program or league play.