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|   **P. O. Box 69****Dwayne Derise****337-334-6644** | 2020 Boys Flag Football Registration Form |
| FOR OFFICE USE ONLY:Amount Paid \_\_\_\_\_\_\_\_\_\_  Ck # / Cash   \_\_\_\_\_\_\_\_\_\_ Received by   \_\_\_\_\_\_\_\_\_\_ Date             \_\_\_\_\_\_\_\_\_\_Entered by    \_\_\_\_\_\_\_\_\_\_  Date            \_\_\_\_\_\_\_\_\_\_\_   Late Fee \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ ***Date of Tryouts is To be determined. Once uniforms have been ordered there will be NO registrations accepted!!! Make sure to order correct size uniform. You will be responsible for wrong size shirts.*** ***We will start practice/games contingent to entering Phase 3 as per Governor's Office!!! If its determined we cannot play Flag Football you will be refunded your money!!*** |
|  Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_   |
|  Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last League \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**UNIFORM SIZE (circle one) Youth S (6-8) M (10-12) L (14-16) Adult S M L XL**  |
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|  I/we parent or guardian of the above named player hereby gives approval for participation in any and all Rayne Recreation Department and, league activities. I hereby grant permission to managing personnel or other league representatives 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 nor 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, and 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/we parent, guardian, or participant of the above named candidate, do hereby give my/our approval to his/her participation in all activities. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Parental Support** We ask for active participation of all parents in our program. Circle area(s) in which you are willing to help.**Coach****Asst. Coach****Referee** |
| **Signed***This release form must be signed by the parent/guardian and returned to the Rayne Recreation Department along with registration fee on or before deadlines listed below. Registration fee is $20 per participant* |

**Registration Dates are as follows:**

**Sept 4, 2020 5-6PM CID Bldg Sept 5, 2020 1-6pm CID Bldg**

**Sept 7-11, 2020 CID Bldg Sept 14-18, 2020 CID Bldg**

**Sept 12, 2020 9-10 AM CID Bldg Sept 19, 2020 CID Bldg**

**Registration will end if we go into phase 3 per Govenors Office!!!!**

**TRYOUT DATES AND TIMES**

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| **LEAGUE** | **DATE** | **TIME** | **PLACE** |
| Pee Wee (6-8) | TBD |  | Kennedy Field |
| Pee Nut (9-11) | TBD |  | Kennedy Field |

*Pee-Wee League participants should be age 6 before Sept. 1, 2020 and Pee Nut participants should be age 9 before Sept. 1, 2020.*