

## Flag Football Waiver & Release Form

Team Name:	
Coach Name	Phone #
Email	
Participant Informa	ation
Player Name:	
	Grade:
Parent/Guardian Name:	
<ul> <li>SHIRT SIZE Please select</li> </ul>	Email: t one youth size: LargeX-Large
physical activity and the potential	n, acknowledge that participation in flag football involves for injury, including but not limited to sprains, strains, voluntarily assume all risks associated with my child's

## **Medical Authorization**

In the event of injury or illness, I authorize the coaches, officials, or representatives of the league to obtain emergency medical treatment for my child if I cannot be reached. I accept full responsibility for any medical expenses incurred.  • Allergies/Medical Conditions:	
Waiver of Liability	
and facilities from any and	harmless Fitness Lifestyles, its officers, coaches, volunteers, referees d all claims, demands, or causes of action arising out of my child's all, whether resulting from negligence or otherwise, to the fullest extent
Code of Conduct	
•	I will follow the league's rules of sportsmanship and conduct, and riate behavior may result in removal from the program.
Photo/Video Release	e (Optional)
☐ I DO ☐ I DO NOT authorize the use of my o	child's image in team/league photos, videos, or promotional materials.
Acknowledgment &	Signature
	nd this waiver and release, and I consent to my child's participation in he conditions described above.
Parent/Guardian Name (F	Print): Date:

Player Signature (if age 12+):