



**OTF 7v7 Flag Football Registration Form
COMPLETE ONE FORM PER CHILD
A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS**

Division: _____

Please circle one: Male Female Uniform Size: Youth SM Med L XL Adult SM
Med L XL 2XL 3XL

Participant's Name _____ Age ____ School _____ Grade ____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____ Home Phone _____

Cell _____ Address _____ Email _____

IN CASE OF EMERGENCY

Contact #1
Name _____ Address _____
Home # _____ Cell # _____

Contact #2
Name _____ Address _____
Home # _____ Cell # _____

Participant's Allergies:

Participant's Medical Conditions:

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE WORKING UNDER ONLY THE FAMILY IMPACT. Name of Participant's Physician _____ Physician's # _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for

(Participant's Name)

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY :

Amount Paid _____ () Zelle () Cashapp () M.O. () Cash () Check# _____

Receipt# _____ Received by _____ Date _____

