

# Madison Parks Department

## 2010 Little League Football Form

- Flag Football Academy K
- Flag Football grade 1st-2nd
- Tackle Football grade 3<sup>rd</sup>-4<sup>th</sup>
- Tackle Football grade 5<sup>th</sup>-6<sup>th</sup>



**Activity Fee- \$50.00**  
**Activity Late Fee - \$20.00**  
**All fees and registration forms**  
**must be Returned to the**  
**Madison Parks Office located at the Brown Gym**  
**Madison Parks Department**  
**(mailing address) 101 W. Main St. , Madison, IN 47250**  
**812-265-8308**  
**Make Checks payable to Madison Parks Dept.**

- T-Shirt Sizes
- |   |   |
|---|---|
| <input type="checkbox"/> Youth Small – (6-8)    | <input type="checkbox"/> Adult Small    |
| <input type="checkbox"/> Youth Medium – (10-12) | <input type="checkbox"/> Adult Medium   |
| <input type="checkbox"/> Youth Large – (14-16)  | <input type="checkbox"/> Adult Large    |
|   | <input type="checkbox"/> Adult X-Large  |
|   | <input type="checkbox"/> Adult XX-Large |

**Deadline: August 6, 2010**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Weight :** \_\_\_\_\_

**Special Requests to play on specific team(s) and /or Coaches will not be honored.**

**Parents Name:** \_\_\_\_\_

**Emergency Contact/Other than Parent:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Interested in Coaching**    \_\_\_ Yes    \_\_\_ No    **Name:** \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the City of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators. I also grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ /2010