

St. Clairsville Recreation Center

Flag Football League

Online & Paper Registration open until : Aug 10th

Location: ST.C High School Football Stadium

Game Days: Sunday afternoons starting September 1st

As always, this is dependent upon field availability

Coaches Meeting/Roster Handout: Aug 27th

Fee: \$50 Residents/ \$60 Non Residents

Family Fee: \$85 Residents/ \$95 Non Residents

***2019 Changes—Following existing school protocol, no spectators will be allowed down on the track or field. Only athletes and coaches will be allowed on the field and or track.**

Participant Name: _____ Gender: Boy Girl

Grade: _____ DOB: _____ T-Shirt Size : Youth S M L

Age: _____ Adult S M L XL

Mailing Address for child:

Parent/Guardian Name: _____

Home Phone: _____

Payment Method: Cash Check Online

Cell Phone: _____

Amt Paid: _____ Date Paid: _____

Work Phone (Optional): _____

Payment Accepted By: _____

Email: _____

Allergies/Medical Conditions:

Please ensure you sign the medical waiver on the back side of the page! Your registration is not valid without it!

Parent Signature: _____ Date: _____

By signing above, St. Clairsville Parks and Recreation has permission to utilize all photographs for promotional purposes.

Volunteer Coaching: Are you interested in coaching? YES No

If yes, please tell us the best way to get ahold of you— Phone Email Other: _____

Online Registration, Schedules, Changes, Updates and all other information can be

St.Clairsville Department of Parks & Recreation

Emergency Medical Authorization

Purpose: To enable parents and guardians of participants to authorize the provision of emergency treatment for the children or participants who become ill or injured while under Dept. of Parks & Recreation activities when the parent or guardian cannot be reached.

Participants Name: _____ Program Participating In: _____

Part I (To Grant Consent):

In the event reasonable attempts to contact me , _____ at _____ (phone number) or _____ (cell phone) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the following doctors:

Preferred Physician Name & Phone: _____

Preferred Dentist Name & Phone: _____

In the event the designated practitioner is not available, I consent to care by another licensed physician or dentist. If the transfer of _____ (participant's name) is necessary I grant consent of the transfer to _____ (preferred hospital) for any reasonable and necessary care. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted in the space provided below:

Signature: _____ Date: _____

HIPPA Consent:

The St.Clairsville Department of Parks & Recreation acknowledge and abides by all rules of the HIPPA Act.

Yes, I do consent to release emergency medical information on this form to the Recreation Department office staff, emergency personnel and coaches.

No, I do consent to release any or all information pertaining to my child.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____

(If participant is over 18) Revised on 8.25.14

Do NOT complete Part II if you completed Part I ---- Part II (Refusal to Consent)

I do **NOT** give my consent for the emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish the St.Clairsville Department of Parks & Recreation authorities take no action to:

Signature: _____ Date: _____

Photo Consent:

I consent to allow the department to use photos of my child in action during the league for promotional/advertising reasons on social media, fliers, or our website. . I agree that if I find a photo inappropriate I will contact the center and they will remove said photo.

Signature: _____ Date: _____