

**Coed Flag Football**  
**Deadline: Friday, August 3**

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

Parent/Contact Name \_\_\_\_\_

Shirt Size: Youth Small(6-8) \_\_\_\_\_ Youth Medium(10-12) \_\_\_\_\_ Youth Large(14-16) \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X-Large \_\_\_\_\_

Would you like to join our Online Newsletter Group? YES NO Already a Member

Do you reside/own property within the boundaries of USD #464 School District Yes No

Parents, due to participation numbers, special requests can no longer be honored. Late sign-ups will be placed on teams at the discretion of the Recreation Commission if space is available for extra players.

Night(s) unable to practice: \_\_\_\_\_

Does participant have a sibling within the same league who needs to be on the same team?  
\_\_\_\_\_

**Volunteer Coaches are needed. Please fill out the following if you are willing to coach. TRC will conduct background checks on all youth sport coaches. Criteria for exclusion will include a conviction of any felony or misdemeanor that would be considered a potential danger to children or is directly related to the functions of that volunteer.**

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Phone(H) \_\_\_\_\_

Phone(W) \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN:** I hereby state that I understand and agree with the above described activity and policies, and that above said player has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, Leavenworth County Fair Board, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the described activity.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Return Registrations with Payment to:  
Tonganoxie Recreation Commission  
521 E. 4<sup>th</sup> Street or mail to P.O. Box 479  
Tonganoxie, KS 66086  
Register online at [www.tongierec.org](http://www.tongierec.org).