



Tipp Monroe Community Services, Inc.
Is a Proud Member of 2017 Fall NFL Flag Football
CO-ED Teams Grades K through 6th
Registration: August 14-September 11, 2017
Season: Sunday, October 1 – November 5, 2017

LAST NAME _____

FIRST NAME _____ SEX _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL PHONE _____


EMAIL _____

GRADE _____ AGE _____ HEIGHT _____ WEIGHT _____

CIRCLE SHIRT SIZE: **YOUTH SIZES:** YS YM YL YXL AM ALG AXL AXX

Child's Mothers Full Name _____ phone _____

Childs's Fathers Full Name _____ phone _____



Need Coaches! Get Involved!

Would you like to Coach _____ or Assistant Coach _____

Are you NYSCA Certified? Yes NO If yes, what sport? _____

Fees \$75.00 resident \$85.00 non-resident

Late Fee: \$10.00 after September 11 (no registrations after September 15)

Make check payable TMCS Mail to P.O. Box 242, Tipp City, OH 45371

Or visit our website at www.tmcomservices.org questions call 937-667-8631

Number of volunteer coaches will determine the number and sizes of teams.

Website: The flag football league referenced herein (Flag League) is officially licensed by NFL Properties LLC, but none of the National Football League (NFL), its member clubs, NFL Ventures, L.P. or any of their respective affiliates or subsidiaries are sponsoring or operating the Flag League or will have any liability or responsibility for any claim arising in connection with participation in the Flag League. All NFL-related logos and marks, including, without limitation, the NFL Flag logo, are trademarks of the NFL or the respective member club.

- **Ads/Registration:** This flag football league is a proud member of NFL Flag Football, but none of the National Football League (NFL), its member clubs, NFL Ventures, L.P. or any of their respective affiliates or subsidiaries will have any liability or responsibility for any claim arising in connection with participation therein. All NFL-related logos and marks are trademarks of the NFL.
- The above enrollee or legal guardian of said enrollee in consideration of the activity indicated hereby releases and discharges Tipp Monroe Community Services, Inc., the City of Tipp City, the Monroe Township Trustees, and the Tipp City Exempted Village Schools and their agents and assignees from any liability whatsoever, and will hold them harmless from any judgment brought against them. Please note that photos taken at TMCS activities may be used in the Community Connection or social media and other Publications.

PARENTS/LEGAL GUARDIAN _____

(Print)

SIGNATURE: _____ Date _____

Parent/Legal Guardian

Office use only

Date received _____ Check _____ Cash _____

Team _____ Coach _____

Tipp Monroe Community Services Parent's Sportsmanship Creed**Important! Parent's must read

- Be a positive role model for my youth in sports.
- Display good sportsmanship. We support a program that builds character for the children in our community.
- Respect the school facility; no food/drinks allowed in the gym.
- Most of all praise your youth for small successes in order to build skills on those successes.
- I will remember that my attitude towards Players, Coaches and Referees is reflected in my youth's attitude. Profanity or other aggressive behavior will not be tolerated.
- I will treat all Players, Building Supervisors, Coaches and Referees, as I would like them to treat me and my youth—With Respect.

I have read and agree to abide by the Parent's Sportsmanship Creed.

Date

Signature of Parent

TIPP-MONROE COMMUNITY SERVICES, INC. EMERGENCY MEDICAL AUTHORIZATION

PART I GRANT TO CONSENT

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under TMCS authority, when parents cannot be reached.

NAME: _____ AGE: _____
(Participant's) Last First

Contact Person: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr.(s), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of the two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Medical History:

Allergies: _____

Medications: _____

Physical Impairments: _____

Date _____ Signature: _____

Parent or Legal Guardian