

**Adult Flag SUMMER  
2024  
REGISTRATION**



Players First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_/d.o.b \_\_\_\_/\_\_\_\_/\_\_\_\_ (If 17 please have parent fill and sign bottom of form\*\*)

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_, Zip \_\_\_\_\_

Email \_\_\_\_\_/\_\_\_\_\_

Phone# \_\_\_\_\_/Text? \_\_\_\_\_ Yes, \_\_\_\_\_ No

How would you rate your Athletic Ability (1 low - 5 high)

1\_\_2\_\_3\_\_4\_\_5\_\_

Flag Football is a sport that requires good health. By choosing to play you are agreeing that you are healthy enough to participate in physical activity in Summer environments. Yes \_\_\_\_ / No \_\_\_\_

\*\*Does you have any Health/Medical Conditions we should be aware of?\*\*

\_\_\_\_\_

\*Adult teams will not have Head Coaches as this is a Recreational (Fun/Exercise) League. Teams will have a Captain who will coordinate practices, team meetings, etc. Do you wish to be a Captain if necessary? Yes \_\_\_\_/No \_\_\_\_

\*Each team will be required to provide someone for Chains. Can be an inactive player, friend, spouse, etc.

**\*Waiver\***

I \_\_\_\_\_ am voluntarily choosing to participate in practices, games and other events pertaining to Tuscola Flag Football. By signing this I attest that I am in proper physical and mental health to participate in Flag Football activities. I understand that while Flag Football lessens the chance of injury that accidents can and do happen. I therefore agree to waive all rights to trial (jury or other) in a lawsuit against RCX LLC, The National Football League, The City of Tuscola, The City of Tuscola Park District, Tuscola CUSD 301, Tuscola Flag, it's Coaches, operators or any other affiliates and sponsors.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Next page is the Jersey order form. Registration is not complete until we receive completed form AND payment.

**\*\*PLEASE SEE JERSEY AND EQUIPMENT SIZE CHARTS AND OPTIONS AT [www.tuscolafalg.com](http://www.tuscolafalg.com)\*\***

Sublimated Jersey and Flag Set (\$50 required)

AS\_\_\_\_\_, AM\_\_\_\_\_, AL\_\_\_\_\_, AXL\_\_\_\_\_, AXXL\_\_\_\_\_

**\*\*NOTE\*\* MOUTHGUARDS ARE HIGHLY SUGGESTED FOR ALL PRACTICES AND GAMES. IF YOU CHOOSE NOT TO WEAR ONE YOU ASSUME ALL RESPONSIBILITY FOR ANY INJURY THAT COULD BE PREVENTED BY WEARING ONE**

**\*\*Parent information for players age 17**

Name (First)\_\_\_\_\_ (Last)\_\_\_\_\_

Address\_\_\_\_\_

Town\_\_\_\_\_, Zip\_\_\_\_\_

Email\_\_\_\_\_ / \_\_\_\_\_

Phone#\_\_\_\_\_ / Text? \_\_\_\_\_ Yes, \_\_\_\_\_ No

Parent signature:\_\_\_\_\_

Order Total \$\_\_\_\_\_

Cash \$\_\_\_\_\_

Check \$\_\_\_\_\_, Check #\_\_\_\_\_

Make checks payable to: TUSCOLA FLAG FOOTBALL

Mail to: TUSCOLA FLAG FOOTBALL

803 E Houghton St

TUSCOLA, IL 61953