

GARNETT RECREATION YOUTH TACKLE FOOTBALL

3RD/ 4TH & 5TH/6TH

Complete the bottom half of the registration form and return it along with the registration fee to the Garnett Recreation Center during regular office hours. All registrations must be signed by a parent or legal guardian – NO EXCEPTIONS! If there are any questions please feel free to contact Phil Bures at City Hall (785) 448-5496 or email philip@garnettks.net.

The league will participate against nearby towns that will require traveling on Tuesday evenings. There will also be some home games. The number of home and away games will depend on how many teams are in the league. There will be a REQUIRED Football Jamboree in September that will include the weigh in of the kids and a few scrimmages for each team.

REGISTRATION FEE: \$60 PER CHILD. (THIS INCLUDES ALL FOOTBALL EQUIPMENT.) \$30 PER CHILD. (IF YOU HAVE YOUR OWN EQUIPMENT.) THE RECREATION COORDINATOR MUST APPROVE ALL EQUIPMENT.

REGISTRATION DEADLINE: AUGUST 6th, 2017

NO LATE REGISTRATIONS!!!

Practices will start on or around August 14th

EQUIPMENT RENTAL WILL BEGIN WEDNESDAY AUGUST 9TH FROM 1-4 PM FOR 5TH&6TH GRADES, AND THURSDAY AUGUST 10TH FROM 1-4 PM FOR 3RD&4TH GRADES AT THE GARNETT RECREATION CENTER. ALL KIDS THAT REGISTER MUST ATTEND THIS SO THAT WE CAN GET THE RIGHT SIZE OF EQUIPMENT FOR THEM!

CITY OF GARNETT RECREATION PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ MAILING ADDRESS _____
STREET ADDRESS _____ CITY _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
SEX: MALE/FEMALE (Circle One) DATE OF BIRTH: ____/____/____ AGE: ____
GRADE: _____ EMAIL: _____

WOULD YOU BE WILLING TO ASSIST COACHING A TEAM: YES () NO ()

Parent's Name (please print): _____ Phone: _____

Please list any medical conditions: _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of football at any time during the entire season, my child's team coaches, or any member of the Garnett Recreation staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in football with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Garnett, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in football.

"The City of Garnett does not discriminate against any person on the basis of race, color, national origin, or handicap in the operation of any program, activity, or facility."

SIGNATURE: _____

RELATIONSHIP: _____ DATE: _____

Go to www.rainedout.com and search for City of Garnett Recreation, and receive texts about Garnett Recreation program updates and game cancellations.