

Fall Flag Football sponsored by the Dodgeville Recreation Department



Join the fun and play flag football!
 Footballs, flags, and rules provided. **COACHES NEEDED for each time offering!**

Participants will receive an NFL jersey through the NFL flag football program, as long as registration is received by September 5th. Please indicate size below!

When: Saturday, September 16th - Saturday, October 21st, 2017.

Where: DHS football field

Time: 9:00 a.m. - 9:45 a.m. * 1st & 2nd graders ;

9:45 a.m. - 10:30 a.m. * 3rd & 4th graders

Grades: 1-4 * Boys and Girls Welcome!

Questions: Email dvillerec@yahoo.com. Family fee does NOT apply for fall or winter activities. **Completed registration forms may be dropped off or mailed to City Hall – 100 E Fountain St. – by Tuesday, September 5th. \$10 LATE FEE WILL BE APPLIED SEPT 6TH!**

Registration Fee's Apply as stated below:

City of Dodgeville Residents: \$25.00

Outside City of Dodgeville but within Dodgeville school district: \$35.00.

Outside Dodgeville School District: \$50.00

Player Name: _____ Grade: _____ Size: YS YM YL AS AM

Address: _____ Email: _____

Parents Name: _____ Phone: _____

INTERESTED IN COACHING? _____ please include contact info if Yes _____

Waiver of Liability: The City of Dodgeville is not responsible for any injuries sustained as a result of participation in any department sponsored activity. Signing your child up using this program form waives your rights if an injury occurs.

Signature/Date _____

Athlete Agreement: I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents or guardian. I understand that I must be removed from practice or play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.
 Athlete
 Signature _____ Date _____

Parent Agreement: I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.
 Parent Signature _____ Date _____