2019 Football Registration Form

South St. Paul Parks and Recreation Department
100 - 7th Avenue North, South St. Paul, Minnesota 55075
Telephone: 651-366-6200 • Weather Hotline: 651-366-6210 • Website: southstpaul.org

Last (Parent/Guardian Name) First Name Home Phone

Address City Zip

E-Mail Address(s) Cell Phone

School Child Attends Emergency Contact/Phone

Participant First/Last Name	Date of Birth	Age	Grade	Shirt Size	Program	Fee
					Total:	

Parent volunteer participation in coaching is essential to the success of the program. Please consider helping out. Coaching forms can be found at Central Square.

Cost: Flag $65 (fee includes camp). Tacklebar/Tackle $85 (fee includes camp).

Registration Deadline is July 23rd. Registrations after this date will incur a $20 late fee (no exceptions). No refunds will be given after the program starts.

Do you/registrant have any special needs or medical conditions we should know about: _____

Registration must be done in person at:
Central Square Community Center 100 - 7th Ave. No. South St. Paul, MN 55075

Required Waiver: In consideration for being allowed to participate in the activity, Participant and/or parent, legal guardian or conservator hereby releases, indemnifies, defends and holds harmless the City and/or Special School District #6, it's officers, officials, employees, insurers, agents, contractors, representatives, associated personnel, successors and assigns, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments and other obligations (including attorney's fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arises out of, or are in any way related to, participation in the above described activity.

Notice: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that i am the custodial parent, legal guardian or conservator of the above named Participant. I hereby consent to his/her participation in the activity and any emergency medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Parent Signature: _____ Date: _____