



Brockville Boom Flag 7on7 Football Regular Season Registration Form U8-U17

Cost of Program: \$290.00 + tax (non-members), \$190.00 + tax (members)

Pre-Season Team Practices and Regular Season Schedule:

Both schedules, currently awaiting confirmation from the City of Brockville and City of Cornwall, will be released on our 4Life Fitness Page and on our 4Life Fitness social media (TBC early March)

Games will take place every Sunday from May - June with some weekday games (TBC early March).

***Call for parent coaches! Each team will receive instruction and development from Zach Benson as well as current University Football Players - each team will require 1-2 parents to help on game days.

Location: Practice Field: TBD (in Brockville), there will be some travel to Cornwall for games.

1. CHOOSE A PROGRAM

• Circle or highlight the program you wish to register for.

1. U10 (Birth Years 2015 & 2016 & 2017)
2. U12 (Birth Years 2013 & 2014)
3. U14 (Birth Years 2011 & 2012)
4. U16 (Birth Years 2008 & 2009 & 2010)

2. ATHLETE AND PRIMARY CONTACT INFORMATION

Athlete Name: _____	Date of Birth: _____	Age: _____	Grade: _____
Current School: _____	Current Club (as applicable): _____		
Primary Position: _____	Height: _____	Weight: _____	
T-Shirt Size (circle one): Youth: SM MED LG <i>or</i> Adult: SM MED LG XL			
Name of Parent/Guardian/Primary Contact: _____			
Parent or Guardian 1: _____			
Parent or Guardian 2: _____			
Address: _____			
City: _____	Province: _____	Postal Code: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Email Address: _____			
Preferred method of contact: circle one) Home Phone Cell Phone Email			



3. EMERGENCY CONTACTS (please provide two additional persons, separate from the parent/guardian listed above)

First Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

Second Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

4. EXPERIENCE

Please briefly describe football/training related experience.

4. SAFETY INFORMATION

Please list any medical conditions or special needs that the coaches should be aware of.

5. EMERGENCY AUTHORIZATION

I, the athlete and the undersigned parent or guardian of the above-named individual, acknowledge that participation in the 4Life Fitness program involves risk of physical injury. By signing this waiver form, we hereby agree that 4Life Fitness will not be responsible for any injury the player may sustain during participation of training and/or games/events. In doing so, I hereby release claims, actions legal or otherwise, demands, compensation, expenses, for damages to self or property that may arise in connection with services received from 4Life Fitness training program and/or its associated coaches, sponsors and volunteers.

I give my permission for free use of my child's name and picture in any/all media or written accounts of any game and or events related to Brockville Boom Flag Football.

Athlete Signature _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____