



Brockville Boom Flag 7on7 Football Regular Season Registration Form U8-U16

Cost of Program: \$290.00 + tax

Pre-Season Practices and Regular Season Schedule:

Practices: Mid April - late May @ Calbrock Field (will begin based on weather / field conditions). Dates will be emailed to those who registered once confirmed.

Games: Every Sunday from May - June on Sundays with NO weekday games. *In years past we travelled to Cornwall during the week however we now have moved to a schedule where we will only play on Sundays and have some double headers!* Games will be in Brockville and Cornwall.

Skills and Drills: 4Life Fitness has a gym located at 50 King Street, East in Brockville and we will have pre-season training and conditioning / introduction to flag at 4Life Fitness on Mondays and Wednesdays from April 7 - May 8, 6:00 - 7:00pm.

Call for parent coaches! – Each team will receive instruction and development from Coach Zach Benson as well as current University Football Players, each team will require 1-2 parents to help on game days in various capacity (coaching, half time snacks, running subs and team trainers, etc). Those interested please contact please Coach Zach.

1. CHOOSE A PROGRAM

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

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

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 or **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: _____
WorkPhone _____ Email Address: _____



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** _____