



MUHLENBERG COUNTY JR PRO FOOTBALL 2017 REGISTRATION FORM

Jr. Pro Football is for ages 1st to 6th Grade. In 2017 we are joining the KFL out of Owensboro. We will still field our own Muhlenberg teams and all practices will be at Muhlenberg County Park. Tackle (3&4/5&6) will play games on Saturdays with some home games and the rest in Owensboro. Flag (1st, 2nd) will play games Sunday afternoons in Owensboro with some home games on Saturdays. Practices will be Mon/Tues/Thurs after school. The KFL is a well-organized league, if you want more information on the league go to www.kidsfootballleague.com or follow them on Facebook. You may also call Tommy at (270-377-1900) with any additional questions. **Flag Football will be combined teams of 1st and 2nd grade. Tackle Football will be 3rd & 4th combined and 5th and 6th combined**

NON-REFUNDABLE REGISTRATION FEE

Flag Football (1st & 2nd grade)

___ \$35 Prior May 26th

___ \$40 after May 26th

Tackle Football (3&4/5&6 grade)

___ \$50 Prior May 26th

___ \$55 after May 26th

Completed registration and payment must be turned into the park office

NAME: _____ Age(as of 12/31/17) _____

ADDRESS _____ CITY _____ ZIP _____ MALE FEMALE

SCHOOL _____ 2017 Fall Grade _____ Returning Player? Yes No

MOTHER\GUARDIAN INFO - NAME _____ PHONE _____

FATHER\GUARDIAN INFO - NAME _____ PHONE _____

Email _____ Would you be willing to help Coach _____

The KFL will be providing uniforms and equipment. The uniforms and equipment are property of the KFL and must be turned in at the end of the season. Failure to return uniforms and equipment within 10 days of the last game will result in a \$175 fee to be assessed. The undersigned also agrees to pay the cost of any lost equipment issued to my child or me to the Kids Football League. By signing this form I agree to these terms and also agree to pay for all recovery, attorney and collection costs incurred by the organization to recover the equipment and monies owed.

IMPORTANT INFORMATION

The Greater Muhlenberg Parks and Recreation System is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The GMPRS continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your child/ward for participation in the above program, will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in the program against the GMPRS and officers, agents, servants, or employees.

I do hereby fully release and discharge the GMPRS and its officers, agents, and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and amend the GMPRS and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize the GMPRS officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, Waiver and Release of All Claims and permission to secure treatment sections.

SIGNATURE OF PARENT/GUARDIAN

DATE

GMPRS Director- Tommy Barton 543-9093 MCJPF Site Coordinator Mike Duckett (270)820-7773