



**BOYS & GIRLS CLUB  
OF TIOGA COUNTY**

**2019 Youth Flag Football**

**Start Date: July 11<sup>th</sup>**

**Time 5:30pm**

**Cost \$35 for program \$25 for club membership**

**Grades K-6<sup>th</sup>**



**GREAT FUTURES START [HERE.](#)**

# Registration Form

## Player Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Membership Status: New or Current - Shirt Size: \_\_\_\_\_

School: \_\_\_\_\_

## Parent/Guardian Information

Parent Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

## **Volunteer or Coach: Yes or No**

The TCBGC strives to provide the best opportunities possible as well as being prepared for your child's needs. While the completion of the following medical information is not required, it is beneficial to TCBGC staff.

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Medications: \_\_\_\_\_

**Waiver:** In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I might have against the Boys & Girls Club of Tioga County, and any officials or Promoters of this event and assign for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this event. A licensed medical doctor has verified my physical condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any Questions Please Contact Chris Ellerson**

**Phone: 607-687-0690 Email: [cellerson@tiogabgca.org](mailto:cellerson@tiogabgca.org)**