



Fall 2019 Youth Football Registration Form

City of Destin Parks & Recreation

Office: (850) 650-1241 Email: ewright@cityofdestin.com

www.cityofdestin.com



Player's Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Age As of 8-01-19: _____

Parent/Guardian Information: Please Print Clearly

Primary Guardian's Name: _____

Address: _____ City, ST zip: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

E-Mail Address: _____

Insurance Provider: _____

Emergency Contact: _____ Phone #: _____

Jersey Size: **YS / YM / YL / AS / AM / AL / AXL**

Jersey Number: **1st: _____ 2nd: _____ 3rd: _____**

(Returning players will get priority, followed by oldest to youngest. If all numbers are taken we will choose)

***IMPORTANT NOTICE FOR THIS UPCOMING SEASON: PARENTS ARE TO EQUIP PLAYERS WITH MOUTH GUARDS, PRACTICE PANTS, *BLACK GAME PANTS, PRACTICE JERSEY, CLEATS, AND A WATER BOTTLE.

Interested in Coaching Yes: _____ No: _____

Interested in Sponsoring a team: Yes: _____ No: _____

Player Registration Fees – Fall 2019

- City Residents \$65.00
Non-City Residents \$95.00

* No Applications will be accepted after 7/31/19

Registration: Onsite: Destin Community Center – Monday – Friday from 9:00am –8:00pm
Online: www.cityofdestin.com

Permission to Play / Hold Harmless

PRENTAL PERMISSION AND INSURANCE STATEMENT

I hereby waive all claims against Destin Youth Football/Cheerleading and the City of Destin on behalf of myself or the named child arising on account of any injury suffered by the child while participant in any activity, and I further hereby agree to release and hold Destin Youth Football/Cheerleading and the City of Destin harmless from liability on any such claim, and to indemnify and defend Destin Youth Football/Cheerleading and the City of Destin against any loss on account of such claim. I/We accept risk as a condition of my/our child's participation. As used herein "Destin Youth Football/Cheerleading" means Destin Youth Football, the City of Destin, Coaches and Volunteers. I hereby consent to have personnel of Destin Youth Football/Cheerleading authorize necessary medical treatment for the above named child in my absence by a physician who is available" In case of emergency, if my family physician cannot be reached, I authorize the above name child to be treated by any other physician who is available. I consent to the participation by the named child in the program conducted by Destin Youth Football/Cheerleading and the City of Destin and in all related activities including transportation of the child to and from games and practices. I agree to furnish the named child with all equipment required by Destin Youth Football/Cheerleading and the City of Destin. I agree to provide or arrange for all transportation needs for all scheduled practices and games. I understand that the majority of football games will be played out of town. I realize it is not the coach's responsibility to transport my child. It is the parent's responsibility to volunteer for two home games as chain gang, linesmen, concession stand worker or clean up duty. Without parent volunteers, there can be no home games. I have also read the parents contract and agree with the mission, Vision, and Goals of the Program. I agree to follow all procedures and process that are listed on the parent's contract. I have also been informed

PRINT PARENT/GUARDIAN NAME: _____

PARENT'S/GUARDIAN SIGNATURE: _____ DATE _____

Office Use Only

Date Received: _____ Amount Received: _____ Cash: _____ Check: _____ Check Number: _____

Receipt Number: _____ Received By: _____

Please Check Box: [] Information Sheet [] Birth Certificate on file [] Youth Yearly Wavier Completed [] Player Photo



Destin Community Center Waiver
 City of Destin Parks & Recreation
 Office: (850) 654-5184



PLEASE PRINT CLEARLY

Name Participant: _____ **Date:** _____

Date of Birth: _____ **Age:** _____ **F** **M**

I, _____, covenant and agree that I will indemnify and hold harmless the City of Destin and the City of Destin's Mayor, Council members, agents, and employees from any and all claims, losses, accidents, injuries, sickness, damages, costs, charges or expenses of any kind whatsoever arising out of any act, action, neglect or omission by (me) or (my child) while attending or participating in any event, sport, or activity to be conducted on or about the premises of the Destin Community Center/City Recreation facilities. I also acknowledge that I have read and understand the notice below:

Dated this _____ day of _____ 20_____

 Signature (parent or guardian if minor child)

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CITY OF DESTIN USES REASONABLE CARE IN PROVIDING THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CITY OF DESTIN IN A LAWSUIT FOR PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND CITY OF DESTIN HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Dated this _____ day of _____ 20_____

 Signature (parent or guardian if minor child)

Address: _____ City/State: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (print clearly PLEASE): _____

Emergency Contact (other than parents): _____ Phone: _____

Medical information that may be needed (specific allergies, etc.). **Do not leave blank:** indicate "None"

