



3rd & 4th GRADE MINUTEMEN FLAG FOOTBALL

2024 REGISTRATION 3rd & 4th Grade Minutemen Flag Football

WHERE: Heritage Hills High School – Cafeteria
WHEN: Thursday - August 15, 2024 (5:30 – 7:00pm CST)
COST: \$50 (Includes Minutemen Football T-Shirt)

- Make checks payable to **Minutemen Flag Football**
- A combine to evaluate **all 3rd & 4th graders** will be held @ **Heritage Hills High School Football Practice Field** on **Saturday, August 17th**. Players need to be ready to go at **9:00 AM (CST)**. The combine should last approx. 90 minutes.
- **Any flag football players that register online, do not have to attend registration night on August 15th.**

We prefer that you register online as soon as possible at www.hhqclub.com/minutemen-football

SHIRT SIZE (CIRCLE ONE): YS YM YL AS AM AL AXL AXXL

PLAYER NAME: _____

2024 GRADE LEVEL: _____ **ELEMENTARY SCHOOL:** _____

MEDICAL INSURANCE PROVIDER & GROUP #: _____

ALLERGIES / MEDICAL CONDITIONS: _____

PARENT #1 PHONE: _____

PARENT #1 EMAIL: _____

PARENT #1 NAME: _____

PARENT #2 NAME: _____

PARENT #2 PHONE: _____

PARENT #2 EMAIL: _____



WAIVER/RELEASE FORM

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the 2023 Minutemen Football season, does hereby grant permission for his/her participation in any and all Minutemen Football activities.

* Parent/Guardian Initials: _____

II. REALEASE FROM LIABILITY

For my child, myself and all others I agree to assume all risks and hazards incidental to participation in all Minutemen Football activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Minutemen Football, Quarterback Club, Inc., Jim Yellig Park, Town of Santa Claus, Heritage Hills High School, North Spencer School Corporation, the officers, directors, coaches, sponsors, medical personnel, trainers, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* Parent/Guardian Initials: _____

III. MEDICAL RELEASE

Because your child is involved in physical activities during the Minutemen Football activities, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our Minutemen Football activities while at our sites (Jim Yellig Park and/or Heritage Hills High School).

I hereby grant permission to Minutemen Football coaches/directors to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

***PRINT** Parent of Legal Guardian Name

***SIGNATURE** Parent or Legal Guardian

***Date**
