High Desert Park & Recreation

P.O. Box 238 Burns, OR 97720

High Desert Tackle Football League 2018

Tackle Football League: Player fees are $55.00 each. Leagues will be split this year according to the following: Grades 3rd-4th, and Grades 5th-6th. Take your form and fee payment to the registration and equipment issue night, Thursday August 16, 2018. For all grades 3rd-6th registration and equipment issue will be from 5:00pm-7:00pm at the Little League field on Pierce. Practices will begin on Monday, August 20,' 2018 for grades 3rd-6th from 5:00pm-7:00pm also at the Little League field. Practices days are Monday thru Thursday.

IF YOU STILL HAVE GEAR CHECKED OUT FROM LAST YEAR YOU WILL NOT BE ISSUED ANY NEW GEAR!

For more information you may contact the High Desert Park and Recreation office at 541-573-2413.

Football

FEE: $55.00

Last Name _____ First Name _____ Date of Birth _____ Grade _____

Boy ☐ Girl ☐ Email Address: _____

Address (street) _____ (mailing) _____

City _____ State _____ Zip _____ Home Phone _____

Person/Address/Phone to notify in an event of an emergency _____

Another Person/Address/Phone to notify in an event of an emergency _____

Doctor/Phone to notify in event of an emergency _____

IMPORTANT!!!

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

_____ _____

Name (please print) Signature Date

(Parent if registrant is under 18)

CONSENT FOR MEDICAL TREATMENT:

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

_____

Signature Date

(Parent if registrant is under 18)

Check all that apply that interest you as a parent! Scorekeeper ☐ Head/Asst.Coach ☐ Referee ☐ Linesman ☐ Other ☐ _____