

2017 Oakland Parks & Rec FLAG FOOTBALL



Register: Now thru October 7th , 2017

Season: October-November

***\$10 late fee applies after October 7th**

Registration forms can be turned in at: Oakland City Hall, 170 Doss Circle

Or By Mail: Oakland Parks & Rec, P.O. Box 442, Oakland, TN 38060

FEES: \$30 (Includes t-shirt and medal)

Sibling discount-\$10 off each child after one full registration FAMILY MAX- \$75

ALL HEAD COACHES WILL ALSO RECEIVE (1) FREE REGISTRATION FEE

Practice/Game Location Cypress Creek Park (and depending on amount of teams, OES)

Age Groups: 1st-2nd grade 3rd-4th grade 5th-6th grade 7th-8th grade

For Information, Contact Marshall Crawley or Hillary Pitt at 901-465-2921 or email parksandrec@oaklandtennessee.org

All Players Must Have Signed Concussion & Sudden Cardiac Arrest Forms Completed Before 1st Practice
Download these forms at www.oaklandtennessee.org

Player's Name _____ DOB _____ M ___ F ___ Age as of Aug 1st, 2017 _____

School Attending _____ Grade _____

Parent/Guardian Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Receive texts? Y N

Age Group (please circle): 1st-2nd 3rd-4th 5th-6th 7th-8th

Jersey Size- YS YM YL YXL AS AM AL AXL

Coach/Teammate Request _____

Volunteer Information

I would like to volunteer as:

Head Coach: _____

(FREE REGISTRATION)

Asst. Coach: _____

All coaches will be subject to background check

Requests cannot be guaranteed. All requests will be considered but even skill level teams will be first priority.

I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the Town of Oakland and the following entities/ persons: Town of Oakland Parks & Recreation, their officers, directors, employees, volunteers, representatives, and agents. B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation. In such event, I shall be solely responsible for all medical expenses associated with the medical care. I understand that the goals and objectives of the OPRCA are based on fun, fair play and skills development. I pledge that we will conduct ourselves in a manner that is positive and supportive of all participating children, including our own. I give permission, without obligation, to the OPRCA to take film footage, photographs or tape recordings that may include my child's image or voice for purpose or interpretation of OPRCA programs and website.

Parent/Guardian Signature _____ Date: _____

For info about sponsoring teams please contact our office.