



4F - Fresh Faith Flag Football - 2021

Parent/Guardian Registration Form



You must be the legal parent or guardian who shares the home address with the child and who will be the primary point of contact. This form must be completed and signed by each parent or guardian. No child will be allowed to participate in any 4F league game, Skills Day or any tournament game without this form, properly executed, and on file.

Please list the names of all children and their date of birth that you are registering and of whom you are the parent or guardian:

Child 1 Name: _____ Child 2 Name: _____

Child 1 Date of Birth: _____ Child 2 Date of Birth: _____

Parent/Guardian Name(s): _____

Relationship(s): _____

Home address: _____

City/St/Zip _____

Mobile Phone Number(s): _____

Home/Work Phone Number(s): _____

If legally applicable, what is the name of the separate parent or guardian? (They will need to complete an identical form.)

Please write your initials in each applicable box below:

Coaching

If you are willing to volunteer as a coach, assistant coach or in another area of 4F, please let us know. A representative of 4F may contact you.

- Yes, I am willing to be a head coach
- Yes, I am willing to be an assistant coach
- Yes, I am willing to volunteer in other areas supporting 4F

Skills Day

Skills Day is vital and a requirement to participate in Fresh Faith Flag Football. At Skills Day we will:

- Collect any outstanding payment
- Determine your child's height.
- Determine your child's T-Shirt size (we will have samples available).
- Evaluate your child's passing and kicking skills.
- Get a chance to meet you and your child and answer any questions you may have about our program.

Yes, I will have my child at Skills Day.

Parent Code of Conduct

I hereby pledge positive support, care, good sportsmanship, respect and encouragement towards my child and towards the 4F program, sponsors, participants, coaches, officials and spectators. I will ask my child to treat other participants, coaches, officials, parents, and spectators with respect regardless of race, age, sex, creed, or ability. I will encourage my child to learn to lose with dignity and win with grace. I will respect my child's coach, communicate respectfully with them, support their decisions and do my best to have my child at all practices and games on time. I will be responsible for the safe return home of my child after a 4F event.

Fresh Faith Community Church of the Nazarene

Come and get to know the people of Fresh Faith Community Church of the Nazarene! You're invited to join us for Sunday Services at 10:30 am every Sunday. Our children's, youth, adult and community ministries teach, inspire and provide opportunities to learn about and share the love and hope that comes through a relationship with Jesus!

Yes, I would like to know more about Fresh Faith!

Waiver of Liability, Authorization to Consent to Medical Treatment & Release Form

I, the undersigned, in consideration for my child's participation in Fresh Faith Flag Football, "4F", do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Recognizing the possibility of physical injury associated with flag football and in consideration for 4F accepting my child for its flag football programs and activities, I hereby release, discharge and/or otherwise indemnify Fresh Faith Flag Football ("4F"), its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the Fresh Faith Community Church of the Nazarene against any claim by or on behalf of my child as a result of the child's participation in 4F. My child has received a physical examination by a physician within the last 12 months and has been found physically capable of participating in 4F. I give permission for a licensed doctor, physician, certified EMT or emergency treatment center selected by a 4F coach/representative to administer the necessary attention and aid IMMEDIATELY to my child should they become injured or sick during 4F games, practices or skills days and to do so without having to wait until I am contacted. I consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care deemed necessary. I understand that a 4F coach/representative will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold Fresh Faith Community Church of the Nazarene or any Fresh Faith Flag Football coach/representative responsible if efforts to contact me are unsuccessful. 4F is not responsible for accidents or injuries occurring before, during or after any 4F games, practices or skills days.

I authorize my child's photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), newspaper, television, video, social media or radio coverage of 4F without compensation.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, other parent and assigns.

As the parent and natural guardian or legal guardian of the child, I hereby agree to the foregoing Waiver of Liability, Authorization to Consent to Medical Treatment and Release for, and on behalf of, the child or children (participant(s)/minor(s)) named above. I hereby bind myself, the minor(s), and all other assigns to the terms of the Waiver of Liability, Authorization to Consent to Medical Treatment and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor(s) in the execution of this Waiver of Liability, Authorization to Consent to Medical Treatment and Release.

Parent or Guardian Name (PRINT)

Parent or Guardian Signature

Date Signed

Parent or Guardian Name (PRINT)

Parent or Guardian Signature

Date Signed

Note: Parents/Guardians must also sign and submit the following documents which are included in the child/participant registration form:
Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form provided by the Ohio Department of Education
Ohio Department of Health Concussion Information Sheet form