

# 2017 LSAA FLAG FOOTBALL REGISTRATION FORM

[www.lowersouthaa.com](http://www.lowersouthaa.com)

Vice President Ray Kashow Email: [Isaaflag@aol.com](mailto:Isaaflag@aol.com)

## PLAYER INFORMATION

Name:		Male	or	Female		
Date of Birth:	Age as of 3/1/2017:	Age Division:	5/6	7/8	9/11	12/14
Address:						
City:	State:	ZIP Code:				
Home Phone #:	Health Insurance:	Policy Number				
Mothers Name:	Cell #:	Email Address:				
Fathers Name:	Cell #:	Email Address:				

### LIST OTHER FAMILY MEMBERS PLAYING

Name:					
Age Division	5/6	7/8	9/11	12/14	Other LSAA Sports Playing:
Name:					
Age Division	5/6	7/8	9/11	12/14	Other LSAA Sports Playing:

### EMERGENCY CONTACT

Name of a relative not residing with you:	
Relationship:	Contact Phone #:

### UNIFORM SIZE

Jersey Size:	YOUTH: Small Medium Large	ADULT: Small Medium Large XL XXL
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### PARENT VOLUNTEER

Is Parent able to Coach? Yes or No	Parent Name:	Age Division:
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### FEES

Per Child: Before February 15, 2016	<b>\$80.00 Per child</b>	On or After February 15, 2016	<b>\$100.00 Per Child</b>
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NOTE: \$5.00 of this registration fee is allocated to the Lower Southampton AA Relief Fund All Fees are NON REFUNDABLE

Please make check payable to: LSAA Flag Football

Mail Form/Check to: LSAA Flag Football 1123 Hoover Avenue Feasterville PA 19053

### TEAM SELECTION PROCESS

**BE ADVISED THAT TEAMS ARE SELECTED BASED ON EVALUATION PROCESS OF ALL PLAYERS. THIS PROCESS IS IN PLACE TO ENSURE THERE IS AN EVEN BALANCE OF TALENT ON EACH TEAM. THE TEAMS ARE SELECTED BY THE COACHES. THERE IS NO GUARANTEE THAT PLAYERS WILL BE ASSIGNED TO THE SAME TEAMS AS THEIR FRIENDS OR A DESIRED COACH. IT IS ALSO NOT POSSIBLE TO ASSIGN PLAYERS TO THE SAME TEAM FOR RIDE SHARING PURPOSES AS THESE REQUESTS CANNOT BE GRANTED.**

### HOLD HARMLESS WAIVER

I, the parent/guardian of the registrant, a minor, will abide by the rules of LSAA and Lower Southampton Township, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the program, I hereby release, discharge, and/or otherwise indemnify LSAA and Lower Southampton Township, their affiliated organization and sponsors, their employees and associated personnel, including owners of the field and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrants participation in the Program, and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Name:	Signature
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