Hickman Youth Sports



Hickman Parks & Recreation Department - P.O. Box 127, Hickman, NE 68372

www.hickman.ne.gov

| Participant Name: | I | Date of Birth: | Age: | |
|--|--|--|---|--|
| Sex: M G F Current Grade in School | _ Special Request (Coac | h): | | |
| Parent Name: | Phone Number: Cell | () | | |
| Address: | City: | State: | Zip: | |
| Email Address: | | | | |
| □ I am Interested in Coaching - Name: | Email: | | | |
| \$65 Coed NFL Flag Football grades K-5th years for school year 2021-2022 (Includes NFL Reversible Team Jersey) | | | | |
| T-Shirt Size: (check one) Youth Sizes: DS (6 | 6/8) 🗖 M (10/12) 🗖 L (1 | 14/16) Adult Sizes: □ S | | |
| Please Select an Age Division: | | | | |
| Kindergartener to 1 st grade Division | 2 nd to 3 rd Grade Div | vision4 th to 5 th G | rade Division | |
| Check here if you DO NOT give permission for your minor c | hild/ward(s) picture(s) to be on t | the City of Hickman Facebook, W | ebsite and/or Newsletter. | |
| REGISTRATION DEADLINE: July 31 st , 2021 Late Fee of \$15.00 Will Apply to Registrations Received After July 31 st NO REGISTRATIONS WILL BE ACCEPTED AFTER Aug 14 th , 2021 at 5:00pm Financial Assistance Program May Be Available | | | | |
| WAIVER AND RELEASE OF LIABILITY | | | | |
| Please read this form carefully and be aware that in particip child/ward might sustain arising out of this participation. As a participant or parent/guardian of a participant, assume the full risk of any injuries, including death, damages of activities connected with or associated with this program. I agree to waive and relinquish all claims I or my m servants and employees as a result of participating. I do hereby employees and volunteers from any and all claims from injuries incur or may accrue to me or my minor child/ward on account of I further agree to indemnify and hold harmless and d volunteers from any and all claims resulting from injuries, includout of connected with, or in any way associated with the activitie In accordance with Nebraska Statute 71-9105 (2011) 1) The Signs and Symptoms of a Concussion; 2) The Risks Posed by Sustaining a Concussion; 3) The Actions an athlete should take in response (More information is available at www.cdc.gov/or and anticipation is available at www.cdc.gov/or anticipation is availab | I recognize and acknowledge or loss which I or my minor child ninor child/ward may have aga y fully release and discharge the s, including death, damage or lo of my participation. efend the City of Hickman and i ding death, damages and losses les of my participation.), parents and coaches must re- and, to sustaining a concussion, incl | that there are certain risks of phy /ward may sustain as a result of p inst the City of Hickman and its city of Hickman and its officials, sos which I or my minor child/ward ts officials, officers, agents, serva s sustained by me or my minor ch view the provided items that addre | vsical injury and agree to barticipating in any and all officials, officers, agents, officers, agents, servants, d may have or which may nts, employees and ild/ward and or arising ess the following: | |

By signing this form I acknowledge that I have read and fully understand the above warning of Risk and Waiver and Release of All Claims and have received information in accordance with Nebraska Statute 71-9105 regarding concussions.

Parent/Guardian Signature (Required)

Date

Make Checks Payable to: City of Hickman Parks & Rec.

Date Received _____
Fees Paid Total _____

For Office Use Only

| Check # | |
|-----------|--|
| Receipt # | |