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 #	