

Madison Parks Department

2011 Little League Football Form

- Flag Football K-2nd grade Boys
& K-3rd grade Girls
- Tackle Football grade 3rd-4th
- Tackle Football grade 5th-6th



Activity Fee- \$50.00
Activity Late Fee - \$20.00
All fees and registration forms
must be Returned to the
Madison Parks Office located at the Brown Gym
Madison Parks Department
(mailing address) 101 W. Main St. , Madison, IN 47250
812-265-8308
Make Checks payable to Madison Parks Dept.

- T-Shirt Sizes
- | | |
|---|---|
| <input type="checkbox"/> Youth Small – (6-8) | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium – (10-12) | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large – (14-16) | <input type="checkbox"/> Adult Large |
| | <input type="checkbox"/> Adult X-Large |
| | <input type="checkbox"/> Adult XX-Large |

Deadline: August 5, 2011

Mini Camp starts August 8th @ 5:30 p.m. @ Rucker Complex

Name _____

Address: _____ City/State/Zip _____

Telephone: _____ Email: _____

Date of Birth: _____ Grade: _____ Age: _____

School Attending: _____ Weight : _____

Special Requests to play on specific team(s) and /or Coaches will not be honored.

Parents Name: _____

Emergency Contact/Other than Parent: _____ Telephone: _____

Interested in Coaching ___ Yes ___ No Name: _____

I hereby certify that _____ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the City of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators. I also grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

Signature: _____ Date: ___/___/2011