



2011 PROMINENT DATES

JUL	30	Signup 1
AUG	3	School Registration
AUG	6	Signup 2
AUG	10	1st day of school
AUG	13	Signup 3 / Evaluation Day
AUG	15	Practice begins
SEP	3	Jamboree
SEP	10	Games begin
OCT	17/24	Fall Break
NOV	12	Playoffs
NOV	19	Championship Day

"Fall Saturdays and little kids running for touchdowns!"

Child: _____ Parent: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

Address: _____

2011/2012 Grade: _____ School: _____

Note: _____

Every effort will be made to honor requests made before the draft. Priority is given to related players. Other issues are addressed in the draft, **but must be noted here.**

Each head coach may choose one assistant, other assistants are drafted with the child.

My parent wants to coach My parent wants to be head coach

PLEASE MAKE \$85 CHECK PAYABLE TO SMFF

PARENTAL AUTHORIZATION & WAIVER OF CLAIMS

I, parent or guardian of the above player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. Furthermore, on behalf of myself and the player, his/her heirs, successors, and or assigns, do hereby waive, release, absolve, indemnify and agree to hold harmless the league (Signal Mountain Youth Flag Football), its officers, directors, coaches, participants, volunteers, sponsors, and/or persons transporting the player to and from activities, the Hamilton County General Government, the Hamilton County Department of Education, the town of Signal Mountain, the Signal Mountain Athletic Club, the Baylor School and Signal Mountain Youth Flag Football from any claim arising out of an injury to the player.

I also grant permission to managing personnel or the league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league/camp activities away from home, or at other times when neither the parent/guardian are available to grant authorization for emergency treatment. I further agree that I will assume all financial responsibility for any medical claims for the treatment administered to the player, not covered in our standard insurance policy.

PARENT/LEGAL GUARDIAN (Signature Required) _____

RELATIONSHIP _____ DATE _____

ONLINE INFORMATION

Schedules, rules, maps, contacts & more are available online at SignalMtnYouthSports.com/flagfootball

CONTACT INFORMATION

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