

Flag Football Registration Form

This form may be duplicated. One person per registration form.
 Full payment is due at time of registration for all Murrysville SportZone programs.
 Make check out to Murrysville Dek Hockey, LLC
 Mail form and check to Murrysville SportZone
 2989 School Road South; Export, PA 15632

ce Use Only-- ate received - _____ / _____, 2009 By - _____ Check # _____ / CC Type _____ / Cash _____
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Participant Name _____ Male ___ Female ___ Jersey Size YL AS AM AL
AXL

Street Address _____

City _____ Zip Code _____ Grade _____ Date of Birth ___/___/___

Note: Age Eligibility Cut-Off will be September 30, 2009

Parent's Name (if participant is under age 18) _____

Home Phone _____ Daytime Phone _____

Multi-child discounts available!!

E-mail Address:

Course	Session	Please Circle Age			Program Fee
		9 & Under	12 & Under	18 & Under	
Murrysville Flag Football	Fall League				\$ 65.00 \$55 before September 30

TOTAL FEE INCLUDED \$ _____

The undersigned individual (parent, guardian, or student) represents that the registrant is in good health and can participate in the above-listed activity, and with prior knowledge of the physical nature of the activity, releases Murrysville Dek Hockey, LLC from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian, or participant assumes all risks inherent in the activity and will hold Murrysville Dek Hockey, LLC along with other program facilities harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Murrysville Dek Hockey, LLC to use photographs of the participant for the promotion of programs and events. The participant agrees to hold Murrysville Dek Hockey LLC and Murrysville SportZone free and harmless from any liability of any nature.

PARENT/GUARDIAN SIGNATURE REQUIRED:
