

Circle District 2019 Youth Tackle Football Registration Form

1/2nd*, 3rd, 4th, 5th and 6th Grade USD 375

DEADLINE –Friday, MAY 3, 2019

Division

Tackle Football 1/2nd 3rd 4th 5th 6th

- Tackle Registration fee is \$125 1st child, \$62.50 per each additional sibling. Make checks payable to **City of Towanda.**
- Registration to occur online at <http://www.circlerec.org/home.html> (starts 4/1/2019) or paper copies can be mailed to the City of Towanda, 110 N. 3rd Street, Towanda, KS 67144. Attn: City Treasurer
- Circle Youth Football Advisory Board reserves the right to select/reject any or all coaches.
- EQUIPMENT: Your child will be provided all equipment except shoes and socks and specialty pads. Equipment will be the property of Circle Football Commission and players will be charged for any lost or damaged equipment (beyond normal wear/tear). *Program will retain football Jersey's.*
- More information can be found at the Circle Recreation website: <http://www.circlerec.org/home.html>

Player's Name _____ Home phone _____

Address _____ City _____ Zip _____

Player's Date of Birth _____ Gender M F

Guardian/Father's name _____ Cell _____

Guardian/Mother's name _____ Cell _____

Most commonly checked email address: _____

Grade for 2019-2020 School Year (circle one) ½ 3 4 5 6 Weight of Child _____

Top Three Jersey Numbers _____

Important Dates:

Summer Camp – July 23, 24, 25 from 6:30-8:30 PM

Location – High School Football Field

Pad Checkout – Will be organized through the head coaches.

Practice Starts 8/5/2019 with first game on 9/7/2019 (8 games total with possible bowl games on 11/1-11/3)

YOUR CHILD MUST HAVE A KANSAS STATE HIGH SCHOOL ATHLETIC ASSOCIATION PHYSICAL ON FILE WITH YOUR COACH PRIOR TO BEGINNING PRACTICE.

As a condition to participate in the program listed above, sponsored by either the City of Towanda and/or the Benton Sports Athletic Commission (BSAC), I knowingly and voluntarily assume any and all risks inherent in participation. I, further, waive any rights or claim against the City of Towanda and/or the BAA, its officials, officers and employees and coaches to include, but not limited to bodily injury, property damage, and/or loss sustained as a result in participation. I have carefully read the participation waiver and understand that a signature is required in order to participate in any program. I also understand that a late registration may result in not being able to participate, being responsible for additional fees and equipment expenses.

Parent's or Guardian's Name – PRINTED

Parent's or Guardian's Name – SIGNATURE

Date

For any inquiries please contact Jeff Gilchrist (316.871.2003) – gilchristj@hotmail.com

To be filled out during registration

Helmet Size

XS S M L XL _____

Shoulder Pad Size

Pant Size

XS S M L XL