

# 2018 Oakland Parks & Rec FLAG FOOTBALL



**Register:** Now thru October 8th , 2018

**Season:** October-November

**\*\$10 late fee applies after October 8th**

Registration forms can be turned in at: Oakland City Hall, 170 Doss Circle

**Or By Mail:** Oakland Parks & Rec, P.O. Box 442, Oakland, TN 38060

**FEES: \$30** (Includes t-shirt and trophy)

**Sibling discount-\$10 off each child after one full registration FAMILY MAX- \$75**

**\*ALL HEAD COACHES WILL ALSO RECEIVE (1) FREE REGISTRATION FEE\***

**Practice/Game Location** Cypress Creek Park (and depending on amount of teams, OES)

**Age Groups:** 1<sup>st</sup>-2<sup>nd</sup> grade 3<sup>rd</sup>-4<sup>th</sup> grade 5<sup>th</sup>-6<sup>th</sup> grade 7<sup>th</sup>-8<sup>th</sup> grade

For Information, Contact Brandon Mullins or Amy Segraves 901-465-2921 or email [parksandrec@oaklandtennessee.org](mailto:parksandrec@oaklandtennessee.org)

**\*All Players Must Have Signed Concussion & Sudden Cardiac Arrest Forms Completed Before 1<sup>st</sup> Practice\***  
Download these forms at [www.oaklandtennessee.org](http://www.oaklandtennessee.org)

Player's Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age as of Aug 1<sup>st</sup>, 2018 \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive texts? Y N

**Age Group (please circle):** 1<sup>st</sup>-2<sup>nd</sup> 3<sup>rd</sup>-4<sup>th</sup> 5<sup>th</sup>-6<sup>th</sup> 7<sup>th</sup>-8<sup>th</sup>

**Jersey Size-** YS YM YL YXL AS AM AL AXL

Coach/Teammate Request \_\_\_\_\_

#### Volunteer Information

I would like to volunteer as:

Head Coach: \_\_\_\_\_

**(FREE REGISTRATION)**

Asst. Coach: \_\_\_\_\_

\*All coaches will be subject to background check\*

**Requests cannot be guaranteed. All requests will be considered but even skill level teams will be first priority.**

I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the Town of Oakland and the following entities/ persons: Town of Oakland Parks & Recreation, their officers, directors, employees, volunteers, representatives, and agents. B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation. In such event, I shall be solely responsible for all medical expenses associated with the medical care. I understand that the goals and objectives of the OPRCA are based on fun, fair play and skills development. I pledge that we will conduct ourselves in a manner that is positive and supportive of all participating children, including our own. I give permission, without obligation, to the OPRCA to take film footage, photographs or tape recordings that may include my child's image or voice for purpose or interpretation of OPRCA programs and website.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For info about sponsoring teams please contact our office.**