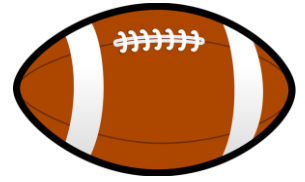


INMAN RECREATION COMMISSION



2022 Youth Flag Football Registration Form
Registration Deadline: July 29th, 2022

Youth Flag Football Leagues:

- Kindergarten (Through McPherson Recreation Commission)
 - \$30 for wellness center members
 - \$35 for non-wellness center members
- 1st and 2nd grade (Mid-Kansas League)
 - \$30 for wellness center members
 - \$35 for non-wellness center members
- 3rd and 4th grade (Mid-Kansas League)
 - \$30 for wellness center members
 - \$35 for non-wellness center members
- 5th and 6th grade (Mid-Kansas League)
 - \$30 for wellness center members
 - \$35 for non-wellness center members

PLAYER'S NAME: _____ BOY GIRL AGE: _____

SHIRT SIZE: YOUTH XS YOUTH SMALL YOUTH MEDIUM YOUTH LARGE
 ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XL

PARENT'S NAME(S): _____

DOB: _____ GRADE LEVEL: _____

PRIMARY PHONE: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

I WOULD BE WILLING TO COACH: YES _____ NO _____
 IF YES, NAME: _____ PHONE: _____
 E-MAIL: _____ SHIRT SIZE: SMALL MEDIUM LARGE XL XXL

CONSENT: I hereby give my full permission to my (son/daughter) to play in the Inman Recreation Commission/Mid-Kansas League. I agree to assume full responsibility in case of accident or injury while (he/she) is playing, traveling to or from the scheduled area, or representing (his/her) team in any manner, and do further hereby release and hold forever harmless the Inman Recreation Commission/Mid-Kansas League, its agents and employees, from any liability for any personal injuries, including death or property damage, which may be incurred by my child while playing, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the Inman Recreation Commission, by defects or obstructions on real property owned by the Inman Recreation Commission, or by negligence in the supervision of my child or others. It is the responsibility of each parent/guardian to check their child's insurance for athletic injuries.

Does your child have any medical conditions or allergies that we should be aware of:

SIGNED: _____ DATE: _____
 PRINTED NAME: _____

PLEASE BRING FORM AND PAYMENT TO:
 Inman Recreation Commission
 404 South Main, PO Box 366
 Inman, KS 67546

For office use only:
 Check Cash Credit Card
 Check #: _____ Paid on: _____