



## Cecil County Flag Football League REGISTRATION FORM

### PLAYER'S INFORMATION (please print)

Player's Name: \_\_\_\_\_ Age \_\_\_\_\_

Player's Address: \_\_\_\_\_  
Street City/State Zip Code

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
MM / DD / YEAR Cell Phone: \_\_\_\_\_

Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Email: \_\_\_\_\_

On What Team Last Season: \_\_\_\_\_

Previous Years Experience: \_\_\_\_\_ Off. Position \_\_\_\_\_ Def. Position \_\_\_\_\_

Incase of emergency Contact: Name \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For additional information call the recreation office at (410)392-4537 or visit us at [cecilflagfootball.com](http://cecilflagfootball.com) or [www.ccgov.org](http://www.ccgov.org)

I hereby, for myself, my heirs, executors and administrators, waive and release any and all my rights and claims for damages I may have against Cecil County Government, its representatives, successors, and assigns for any and all injuries suffered by myself at the activities for which I am requesting. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death, and severe social and economical losses which might only result from their actions, inactions or negligence. Further, that there may be other risks no known or not reasonably foreseeable at this time. Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury. I give permission for myself to be photographed while participating or attending a Parks & Recreation activity. I understand that photos may be used in future publicity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

+++++ OFFICE USE ONLY: Do Not Write Below This Line +++++

PAID:  \_\_\_\_\_  \_\_\_\_\_  
Amount Check # Date Amount Date

Please Make Checks Payable to: Treasurer Of Cecil County