

PARD Adult Flag Football 2016-2017

8 GAME GUARANTEE

REGISTRATION FEES

Fee: \$335
Deadline Oct. 21

Late Fee: \$360
Deadline Nov. 11

Leagues Offered:

8v8 Men's & 8v8 Coed

Games:

Play Begins Monday, Nov. 28, 2016
Break Dec. 17, 2016 - Jan 8, 2017

Games will be held at Womack Football Fields

City of Longview Parks & Recreation
Location: 130 E. Timpson St.
Mailing Address: PO Box 1952, Longview, TX 75606
Athletic Office 903-237-1270 Fax Number 903-237-1389
www.longviewtexas.gov/parks



CITY OF LONGVIEW PARKS AND RECREATION ADULT FLAG FOOTBALL REGISTRATION FORM

*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME:

FORMER TEAM NAME (if applicable):

PRIMARY COACH:

Date of Birth:

ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE NUMBERS ----- CELL:

WORK:

HOME PHONE:

E-MAIL (REQUIRED):

***NOTE: Make-up/rainout schedules will no longer be mailed to coaches, they will be EMAILED ONLY!!**

SPORT:

- SOFTBALL (SB)
- BASKETBALL (BB)
- FLAG FOOTBALL (FFB)
- KICKBALL (KB)

LEAGUE:

- MEN'S OPEN (SB, BB, FFB)
- MEN'S IND. (SB, BB)
- MEN'S CHURCH (SB, BB)
- MEN'S 35 & OVER (SB ONLY)
- YTH CHURCH COED (SB, KB)
- CHURCH COED (SB ONLY)
- COED (SB, KB, FFB)
- WOMEN'S OPEN (SB ONLY)

LAST DIVISION:

- check the division
the team last played in.
- DIV 1
 - DIV 2
 - DIV 3
 - DIV 4
 - DIV 5
 - DIV 6
 - NEW TEAM

REQUESTED DIVISION:

- check the division
the team is requesting.
- DIV 1
 - DIV 2
 - DIV 3
 - DIV 4
 - DIV 5
 - DIV 6
 - NEW TEAM

SEASON:

SPRING

SUMMER

FALL

WINTER

SPECIAL REQUESTS - NO GUARANTEES!

I, AS COACH OF THE ABOVE NAMED TEAM, AND THE PLAYERS OF THIS TEAM AGREE TO ABIDE BY AND ADHERE TO THE RULES SET FORTH BY THE CITY OF LONGVIEW PARKS & RECREATION DEPARTMENT.

COACH / CHURCH PASTOR / PERSONNEL MANAGER SIGNATURE

DATE

FORM OF PAYMENT:

CHECK

MO

CASH

Visa / MC / Discover

ALL PERSONAL CHECKS REQUIRE DATE OF BIRTH AND DRIVER'S LICENSE NUMBER

OFFICE USE ONLY

TOTAL FEE: _____

DATE: _____

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, NOVEMBER 11, 2016.



PARD Adult Flag Football -- 2016-2017 -- Roster/Waiver Form

	Team Name	Coach	Phone	League	Division Requested
	Print Player's Name	Player's Signature (parent must sign if player is under 18)	Address, City, Zip	Phone Number	T-Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, NOVEMBER 11, 2016.**

Coach's Signature Verifying AUTHENTICITY of Signatures: _____ **Date:** _____

Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

I UNDERSTAND THAT NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA AT ANY TIME.

My signature indicates that I have read and understand these policies.

Signature

Printed Name

Team

League



Date