

PARENT PERMISSION SLIP – RED LION RECREATION  
ACTIVITY: YOUTH FLAG FOOTBALL

CHILD'S NAME \_\_\_\_\_ GENDER: MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE AS OF 9/1/08 \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE(ENTERING) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

JERSEY SIZE: SMALL \_\_\_ MEDIUM \_\_\_ X-LARGE \_\_\_ XX-LARGE \_\_\_

PARENT/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

FAVORITE N.F.L. TEAM \_\_\_\_\_

**WE NEED COACHES – CHECK HERE IF INTERESTED \_\_\_\_\_**

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE MENTIONED ACTIVITY AND VOLUNTARILY WAIVE AND RELEASE THE RED LION RECREATION COMMISSION AND IT'S EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM DUE TO PERSONAL INJURY OR DAMAGE DURING ANY TIME ASSOCIATED WITH THIS ACTIVITY. I REALIZE THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. I REALIZE THE INJURY MAY BE SEVERE, INCLUDING FRACTURES, BRAIN INJURY, PARALYSIS, AND POSSIBLE DEATH. IN THE EVENT OF INJURY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF MY ABSENCE.

\_\_\_\_\_  
DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

PLEASE NOTE NAMES OF OTHER CHILDREN THAT YOU WOULD LIKE YOUR CHILD TO BE ON THE SAME TEAM WITH

\_\_\_\_\_

INDICATE ANY NIGHTS THAT YOU ABSOLUTELY CAN NOT PRACTICE

MON \_\_\_ TUES \_\_\_ WEDS \_\_\_ THURS \_\_\_ FRI \_\_\_

**MAIL FORM WITH CHECK TO: RED LION RECREATION – P.O. BOX 158 RED LION 17356**

**FEES: \$55.00 RED LION BOROUGH RESIDENT - \$65.00 NON-RESIDENT**