

# Holton Parks and Rec Flag Football 2007



## TEAMS FORMING NOW

**5 on 5 "No Contact" Football**  
**10 person rosters**  
**Build your own team (No draft)**  
**\$25.00 per person**

**PARENTS: VOLUNTEER COACHES NEEDED**

**Can't find a team?**  
**Sign up and we will try to place you.**

## DIVISIONS

**2<sup>nd</sup> and 3<sup>rd</sup> Grade**  
**4<sup>th</sup> and 5<sup>th</sup> Grade**  
**Adult Co-Rec**

## Organizational Meeting

**Tuesday - August 21<sup>st</sup>**  
**6:30 pm**  
**Holton Parks and Rec Building**

## REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

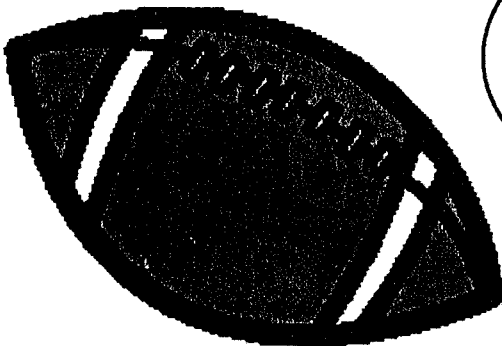
Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

Team Name: \_\_\_\_\_

For more information or to register call:

**Holton Parks and Rec**  
**785-364-9000**  
**Ask for Mike**



**CONSENT OF PARENT  
MEDICAL CARE AND TREATMENT FORM**

Participants Name \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street (P. O. Box) City State

Name and Address of Family Doctor: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number # \_\_\_\_\_

If you or your Doctor cannot be contacted, in an emergency notify: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Drug Allergies \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**Verification and notarization**

STATE OF KANSAS, COUNTY OF JACKSON, I \_\_\_\_\_  
(Parent or guardian) understand that if a serious illness or injury develops, medical and/or hospital care will be given; however the City of Holton is not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to a designated member of the City of Holton Parks and Recreation program, or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named on this Health Certificate and do solemnly swear or affirm that the information set forth in the Health Certificate is true and correct to the best of my knowledge and belief.

Parent/Guardian signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_