



# Samson's Flag Football League Registration 2010

[www.samsons.org](http://www.samsons.org)

Gender:



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/PC: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## Emergency Contact Information

(Please use someone near the primary contact)

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/PC: \_\_\_\_\_

## Health Information

Manitoba Health #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance:  /  Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insurance Holder: \_\_\_\_\_

PLEASE CIRCLE:

PLEASE SPECIFY:

Any pre-existing or present medical condition:  /  \_\_\_\_\_

Any medications in use?  /  \_\_\_\_\_

Allergies  /  \_\_\_\_\_

Is there any hay fever, heart conditions, diabetes, insect stings,  
epilepsy/nervous disorder, asthma, stomach upsets, physical

handicap, or other (please specify)  /  \_\_\_\_\_

Any major illness in the last year?  /  \_\_\_\_\_

Contact Lenses  /  \_\_\_\_\_

Any activity restrictions?  /  \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Dear Parent/Guardian:

Please make sure you take the time to read over this form (both sides) and fill in the necessary information. If you have any questions or concerns please contact me at any time.

As a year round program, our greatest desire is to provide care and support for your teenager(s) at every level. This means we will give them opportunities to grow physically, emotionally, spiritually, mentally and relationally. We will use the Bible as a guide to explore what it means for us to have a personal relationship with God.

- Steven J. Klassen, Samson's Director

## Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child that is deemed necessary.

I understand all personal safety precautions will be taken at all times by Samson's/Youth for Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent risk. I agree not to hold Samson's/Youth for Christ, its leaders, and its volunteer staff liable for damages, losses, diseases, or injury incurred by the subject form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parental and Student Release Statement

As parents/legal guardians of \_\_\_\_\_, I have reviewed the information about the event and give my permission for the subject of this release to be involved in the overall activities and in the program identified above. I also authorize the use of photos or video of my son/daughter by Samson's/YFC for publicity purposes.

I/We understand the need for certain rules to be in place during this activity and agree that the subject of this release will abide by them. I/We acknowledge that if the subject of the release has to return home early for discipline violations, or possession of alcohol or non-prescription drugs, it will be at my/our expense.

I/We understand that all personal safety precautions will be taken at all times by Samson's/Youth for Christ and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent risk. I/We agree not to hold Samson's/Youth for Christ, its leaders, and its volunteer staff liable for damages, losses, diseases, or injury incurred by the subject form.

Parent/Guardian Signature: \_\_\_\_\_

## Registration Form

Participant Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Entering as a team? State team name or teammate: \_\_\_\_\_

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Payment Options:

Please Select:

Cash      Cheque

Credit Card - please see below:

**\$25**

Please submit your payment with your registration form



Credit Card Information:

# \_\_\_\_\_

Cardholder: \_\_\_\_\_ Exp \_\_\_\_\_

Signature: \_\_\_\_\_

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