

Clyde L. Gracey Community Center
5629 Byrom St., Milton, FL 32570
Phone: 850-983-5466
Email: bgamblin@miltonfl.org



Tri-County Use Only

FOOTBALL REGISTRATION FORM

FOOTBALL REGISTRATION: \$90 UNTIL APRIL 1, THEN IT WILL BE \$120

MAKE CHECKS PAYABLE TO: CITY OF MILTON - NO REFUNDS AFTER YOU REGISTER!

Register at the Clyde L. Gracey Community Center 5629 Byrom St. –

Child is not registered until payment is made!

CHILD'S NAME AS IT APPEARS ON THEIR BIRTH CERTIFICATE

First Name: _____ Middle Name: _____

Last Name: _____

Nickname (if applicable): _____ Approximate Weight: _____

Date of Birth: _____ Age as of August 1, 2022: _____ Grade 2022/23 School Year: _____

Parent(s) Name: _____ Phone: _____ Cell: _____

Address: _____ City/Town: _____ Zip: _____

Email: _____ Child's School: _____

Jersey Size: YS___ YM___ YL___ YXL___ AS___ AM___ AL___ AXL___

Jersey # (Pick 4 Preferences): _____
(Numbers must be 1- 99)

Did your child play at Milton last year? ___ Yes ___ No If no, where? _____

I give the City of Milton permission to use my child's image and likeness for marketing purposes. _____

PARENT AGREEMENT

*I, the parent or legal guardian of the above named child, give my consent for participation in all team activities during the season. I understand there is a risk of injury involved and I assume all risks and hazards incidental to such participation and waive, release, absolve, indemnify and hold harmless the City of Milton, the organizers, sponsors, supervisors and participants. **I also understand there are no refunds of the registration fee.** I understand that my child will be expected to attend all practices and games and it's my responsibility to ensure that he/she does so. I also assume the responsibility of providing my child the transportation needed. Should it be necessary for my child to miss a practice or game, he/she will follow the pre-set rules enforced by the team manager or coach. I also agree to return the uniform/equipment, as required, after the final game of the season. The costs for replacing equipment are: (\$75) for a helmet, (\$20) for game pants, (\$70) for shoulder pads.*

In case of my absence or unavailability, I do hereby give my permission for my child to obtain emergency services by any active staff member or emergency personnel. I also assume full responsibility for the bill.

By my signature below I understand and agree to all the above:

Parent Signature: _____ Date: _____

Parents: All trophies left 30 days after banquet will be forfeited.

BELOW FOR CITY USE ONLY

Amount Paid: _____ Receipt #: _____ Initials of City Representative: _____