

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



| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | FOOTBALL & STRENGTH/CONDITIONING CAMP |
| <input type="checkbox"/> | FOOTBALL ONLY |
| <input type="checkbox"/> | STRENGTH/CONDITIONING CAMP ONLY |

FOOTBALL & STRENGTH/CONDITIONING CAMP REGISTRATION FORM

FOOTBALL REGISTRATION: \$120

STRENGTH/CONDITIONING CAMP REGISTRATION: \$10

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

Register at the Milton Community Center 5629 Byrom St. – Child isn't registered until payment is made!

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|--|--------------------|
| 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, 2020: _____ Grade 2020/21 Year: _____

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

Address: _____ City/Town: _____

Email: _____ Child's School: _____

Jersey Size: YS___ YM___ YL___ YXL___ AS___ AM___ AL___ AXL___

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

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: _____ |