

Initial if you give permission to use photos or images of your child on social media



# Ward NFL Flag Football



Ward Parks & Recreation

## Spring 2025 Registration

**Birth Certificate Copy Required** (Please print clearly)

BIRTHDATE: \_\_\_\_\_ AGE AS OF JANUARY 1; (Ages 5-17) GENDER: Male Female

PLAYER'S NAME: \_\_\_\_\_

FAVORITE NFL TEAM: \_\_\_\_\_ PLAYER NUMBER REQUEST: \_\_\_\_\_

PLAYER JERSEY SIZE: \_\_\_\_\_ or \_\_\_\_\_ SHORT SIZE: \_\_\_\_\_ or \_\_\_\_\_  
Youth Adult Youth Adult

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ward Parks and Recreation (WPR). Recognizing the possibility of physical injury associated with flag football and in consideration for the WPR accepting the registrant for its flag football program and activities program, I hereby release, discharge, and/or otherwise indemnify the WPR, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone

Medical Needs or Allergies: \_\_\_\_\_

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**PLAYER FEE:** \$90 includes NFL performance jersey, shorts & NFL Flag belt with flags  
Equipment needed by each player: Mouth guard & cleats

If a division does not make, a \*refund will be provided. \*Card fee will apply for sale &/or refund  
8-10 season games followed by tournament, depending on how many teams.  
Game nights could be Mon, Tue or Thr and played in Ward and/or Jacksonville.

Want to make a difference? Circle all that apply: COACH OFFICIAL SIDE-LINE SPONSOR

REGISTRATION CHECK LIST: Coach request: (name) \_\_\_\_\_

Completed Registration: \_\_\_\_\_ Paid Registration Fee: \_\_\_\_\_ Signed Parent/Player Code of Conduct: \_\_\_\_\_

Copy of Player's Birth Certificate: \_\_\_\_\_ Received NFL Flag Policies & Procedures: \_\_\_\_\_

Forms can be emailed to [parksandrecreation@cityofward.com](mailto:parksandrecreation@cityofward.com) or text image to (501)422-9558

\*\*\*\*\* FOR WP&R USE ONLY \*\*\*\*\*

CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CARD: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

Mail forms to PO Box 237, Ward, AR 72176. Make checks payable to Ward Parks and Recreation.