



HILLSBORO

447 South Main Street
Hillsboro, IL 62049-0556
(217) 532-5566 • (217) 532-6615 • FAX (217) 532-5567

**Flag Football contract
for the 2021 season.**

One contract per child

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CURRENT AGE: _____ BIRTHDATE: _____ MALE / FEMALE

GRADE GOING INTO: 1st _____ 2nd _____ 3rd _____ 4th _____

PARTICIPATION FEE: \$35.00

IF CHILD DID NOT PLAY LAST YEAR WE WILL NEED A COPY OF BIRTH CERTIFICATE

ANY RELEVANT MEDICAL CONDITIONS (E.G., ASTHMA, ALLERGIES, ETC.) _____

MAIN CONTACT(S) PARENTS / GUARDIAN

1ST: NAME: _____ PHONE: _____

ADDRESS: _____

please indicate if you are able to help with: coaching _____ concessions/entry _____ scorekeeping _____

2ND: NAME: _____ PHONE: _____

ADDRESS: _____

please indicate if you are able to help with: coaching _____ concessions/entry _____ scorekeeping _____

NO REFUNDS WILL BE GIVEN ON CONTRACTS. PARENTS ARE RESPONSIBLE FOR TRANSPORTATION. WE CAN NOT GUARANTEE CERTAIN PLAYERS WILL BE ON CERTAIN TEAMS TOGETHER.

WE THE PARENT(S) OF THE ABOVE NAMED CANDIDATE HEREBY GIVE OUR PERMISSION AND APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT SEASON. WE DO HEREBY WAIVE/RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CITY OF HILLSBORO, ORGANIZERS, SPONSORS, SUPERVISORS, OFFICIALS, AND PERSONS TRANSPORTING THE ABOVE NAMED CHILD.

SEE REVERSE SIDE

PARENT OR GUARDIAN SIGNATURE _____

PRINTED NAME OF PARENT OR GUARDIAN _____

Please mail contracts and checks payable to the City of Hillsboro or drop off your contract and payment at Hillsboro City Hall. ALL CONTRACTS MUST BE RECEIVED BY MAY 28TH. Contact 217-532-5566 for more information.

PAYMENT RECEIVED DATE: _____ **RECEIVED BY:** _____

CASH _____ **CHECK** _____ **MONEY ORDER:** _____

