

# **ERMS Flag Football**

Mondays & Wednesdays  
2:50 to 4:00  
September 6th through September 27th  
9/6, 9/11, 9/13, 9/18, 9/20, 9/27

**Please save the top section for your records.  
Return the bottom section to ERMS, ATTN: Mr. Meyers.**

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## **FLAG FOOTBALL REGISTRATION**

<b>Student Name:</b>	
<b>Grade:</b>	
<b>Homeroom Teacher/Room:</b>	

## **WAIVER OF LIABILITY AND INFORMED CONSENT**

I, \_\_\_\_\_, have enrolled my son/daughter, \_\_\_\_\_ in the ERMS Intramurals program. In consideration of my son's/daughter's participation in the activity, I hereby release the East Ridge Middle School and its participating instructors from any claims, demands and causes of action arising from my son's/daughter's participation in this program.

I agree to promptly pick up my child or arrange his/her transportation home following his/her practice.

I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit his/her participation in this program.

In the event I cannot be reached in an emergency and immediate medical care is required for my child without delay, I hereby give permission to the supervising adult to secure medical treatment including emergency services. I hereby give permission to the attending physician at the hospital to admit and secure proper treatment, including injections, anesthesia and surgery for my child.

<b>Name of Parent or Guardian:</b>	
<b>Signature:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Emergency Contact &amp; Phone if Parent cannot be reached:</b>	