



Andover Football Association Flag Football Registration

P.O. 813, Anoka, MN 55303
Hotline: 763-754-1610 www.andoverfootball.org

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade (fall): _____ Male/Female: _____

Birth Date: _____ Parent/Guardian Name(s): _____

E-Mail: (Print Clearly) _____ Football Experience (Years): _____

We would like to know how you heard about Andover Football Association. (Check all that apply)

Flyer Andover Today Newsletter Road signs Friend AFA Website Returning Player

Any Medical Concerns? Yes: No: If Yes, Explain: _____

*AFA is a volunteer organization. In order to meet the needs of your child, we need your help to have a successful season.

Name on Jersey	PRINT THE <u>LAST</u> NAME TO BE PUT ON THE BACK OF THE JERSEY. (Block Letters)		

Flag Football Jersey Sizes (**You Must Circle One**)	Youth:	M (10-12)	L (14-16)
Jersey Number Selection	PLEASE CHOOSE THREE (3) NUMBERS		
	_____	_____	_____

A \$50 Administration Fee will be assessed to each player. The fee will be returned if a parent/guardian fulfills volunteering opportunities on committees and jobs listed below and return a completed survey form. (Check two opportunities of interest)

Head Coach Assistant Coach Director Fundraising Committee Concessions Golf Tournament Committee Other

I/We the parent or guardian of the above named participant do hereby give the consent of the above to participate in the sporting event named during the calendar season. I/We assume full risks and hazards incidental to such participation. I/We waive, release, absolve, indemnify and agree to hold harmless AFA and any of the cooperating associations or organizations, including: the AFA Board, directors, commissioners, supervisors, sponsors, coaches and participants for any claims arising from an injury. I/We also give permission for the AFA to use my child's name, address and phone number for roster and AFA associated mailing lists only. I/We further acknowledge that all football equipment/uniforms provided by the AFA shall be returned at the end of the season (unless otherwise stated). I will be responsible to pay for full replacement.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VISA / MASTERCARD ACCEPTED

PLEASE NOTE THERE WILL BE A \$30.00 FEE CHARGED FOR ALL RETURNED CHECKS

NO REGISTRATION REFUNDS WILL BE GIVEN AFTER SEPTEMBER 1ST

REGISTRATION REFUNDS REQUESTED BEFORE SEPT. 1ST ARE SUBJECT TO A \$30 ADMIN FEE AND COST OF THE JERSEY

AFA USE ONLY: _____ DEPOSIT FEES: \$50.00 ADMINISTRATION FEE _____ K-2nd FLAG FEES: \$50.00
Registration Fees: Check# _____ Visa/MasterCard: Transaction # _____
Deposits: Administration Fee Check # _____
DEPOSIT CHECK RETURNED: Y / N
PARENT/GUARDIAN SIGN HERE: _____