

STANISLAUS /MODESTO PAL FLAG FOOTBALL LEAGUE



EACH PLAYER GETS AN
NFL JERSEY & FLAGS



Games Played at:
Standiford School
605 Tokay Ave. 95350

BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION
SEA SEGURO TERMINAR AMBO EL LADO DE ESTE USO

THE GAME: 5 PLAYERS ON THE FIELD, NO BLOCKING. EACH PLAYER IS INVOLVED IN THE ACTION

TEAMS: THERE WILL BE TEN PLAYERS ON EACH TEAM. BOTH BOYS & GIRLS ARE INVITED TO PLAY.

AGES: 2ND GRADE—6TH GRADE

GAMES ALL GAMES ARE ON SATURDAYS, BEGINNING OCTOBER 3, 2015 THROUGH NOVEMBER 21, 2015**8 WEEKS** PRACTICE TIMES, DATES AND LOCATIONS WILL BE DECIDED BY THE ASSIGNED COACH.

SHOES: TENNIS SHOES OR RUBBER CLEATS

COACH: Coach can not request players for team.

PLAYERS: Players can not request a coach to play for.

QUESTIONS: CONTACT RANDY BUCHANAN AT 572-9614 OR EMAIL HIM at Buchananr@modestopd.com

SIGNUPS Mail your application and money to:

SCPAL
1325 Beverly Drive
Modesto, CA 95351

-or-

You can drop the application off at the SCPAL office located at 1325 Beverly Drive. (Next to Fire Station)

Make checks payable to SCPAL

SIGNUP DEADLINE:
FRIDAY, SEPTEMBER 11, 2015

EL PARTIDO: Habrán 5 jugadores en el campo, no bloqueos. Todos los jugadores estarán involucrados en la acción.

LOS EQUIPOS: Habrá diez jugadores en cada equipo. Ambos niños y niñas son invitados a jugar.

LAS EDADES: de segundo grado — sexto grado

EL JUEGO: Todos los juegos se llevarán a cabo los sábados, empezando del 3 de octubre 2015 al 21 de noviembre del 2015 ***8 semanas*** Los horarios, fechas, y lugar de las practicas será decidido por el entrenador asignado.

LOS ZAPATOS: Solo se permitirá tenis o tenis para futbol americano.

ENTRENADOR:

JUGADORES:

PREGUNTAS: Contacte a RANDY BUCHANAN AL 572-9614 o por correo electrónico a Buchananr@modestopd.com

Como inscribirse: Enví su aplicación con su cuota a:

SCPAL
1325 Beverly Drive
Modesto, CA 95351

-or-

Puede traer su inscripción junto con su dinero al SCPAL 1325 Beverly Drive, Modesto CA 95351

Si gusta pagar con cheque, favor de hacer el cheque al pagare de: SCPAL

EL ULTIMO DIA DE INSCRIPCION ES
EL: viernes, 11 DE SEPTIEMBRE
DEL 2015

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PLAYER INFORMATION / INFORMACION DE JUGADOR

NAME/NOMBRE:		DATE OF BIRTH: FECHA DE NACIMIENTO:	
ADDRESS/DOMICILIO:			ZIP
SCHOOL/ESCUELA:	GRADE: GRADO:	GENDER: <input type="checkbox"/> MALE / MASCULINO <input type="checkbox"/> FEMALE/MUJER	AGE:

ADDITIONAL INFORMATION / INFORMACION ADICIONAL

PARENT/GUARDIAN: PADRE/GUARDIA:	***Required*** <u>PARENT E-MAIL</u>
PHONE NUMBER: NUMERO DE TELEFONO:	PHONE NUMBER: NUMERO DE TELEFONO:
<input type="checkbox"/> I WOULD LIKE TO COACH MY CHILDS' TEAM QUISIERA ENTRENAR EL EQUIPO MI HIJO/A	

PAYMENT METHOD / METODO DE PAGO

SHIRT SIZE / TAMAÑO DE CAMISA

<input type="checkbox"/> CHECK/CHEQUE # _____	<input type="checkbox"/> CASH / EFECTIVO
YOUTH/JUVENTUD : S <input type="checkbox"/> M <input type="checkbox"/> L ADULT/ADULTO : <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	

CONSENT OF PARENT OR GUARDIAN

I, The Undersigned, being the parent/legal guardian of the participant listed above do hereby grant permission for his/her participation in all activities, athletic or otherwise sponsored by the Stanislaus County Police Activities League, and release from liability said corporation, and the Stanislaus County Police Activities League, City of Modesto, and Friends of M.P.Y.S. for any injuries sustained by him/her or expenses there from, while engaged in any activity of the Stanislaus County Police Activities League. In the event of sudden illness, injury, or accident, which may occur while said minor is engaged in activity supervised by the Stanislaus County Police Activities League and their representatives, agents, and assignees, when neither the parents, guardians or designative family physician can be contacted, I hereby give my consent pursuant to California Civil Code #28 for emergency treatment as shall be necessary under the circumstances by physician licensed under the Laws of the State of California.

In return for my child ("participant") being allowed to participate in the NFL Flag football program ("the program"), I release and agree not to sue the National Football League, its member professional teams, NFL Properties LLC, NFL Ventures L.P., and their employees, subcontractors, sponsors, including agents and affiliates, and Subsidiaries (collectively, the "NFL Entities") from all present and future claims that may be made by the participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the participant's participation in the program, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the program, even if caused by their ordinary negligence. I understand that participation in the program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing Participant to participate in the program with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the program. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of participant's participation in the program and all related activities. I agree to let the parties use participant's name and likeness free of charge in any manner and for any purpose without compensation to me or participant and that the NFL Entities may use the information provided herein for solicitation of NFL Entities program /events. I understand that this document is intended to be as broad and inclusive as permitted by the law of the state in which the program is taking place and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in New York, New York. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this agreement. I have read this form and understand by signing this form, I am giving up legal rights and remedies. I represent I am a parent/legal guardian of the child named above, and I agree that the terms of this release are binding on me and the child. I hereby expressly waive all rights under section 1542 of the Civil Code of the State of California, under any and all laws, similar laws of any jurisdiction. I am aware that said section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said section 1542 of the Civil Code provides as follows: A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MIGHT HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

PARENT/GUARDIAN PADRE/GUARDIAN	PHONE NUMBER: NUMERO DE TELEFONO	DATE: FECHA:
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