

Rocky River Recreation  
Civic Center Office  
21016 Hilliard Blvd.  
440-895-2599



# TACKLE FOOTBALL

## Grades 5 and 6 - Fall 2010

**REGISTER BY JULY 10!** - First 55 players guaranteed a spot (2 teams)

Join the Rocky River Recreation Tackle Football teams and play against other recreation teams from surrounding communities. All equipment is provided (except football shoes). The first 55 players are guaranteed a spot — a wait list will be taken after we enroll 55 players and a third team will be formed if there are enough players and coaches.

- Practices begin week of August 9
- Games played on Saturday afternoons in September-October
- Players will be contacted in August for equipment pick-up and schedule.

**COST:** Civic Center Member: \$60 Resident: \$65

Checks payable to City of Rocky River. Mail or drop off registration form with payment. Visa/MasterCard/Discover accepted.

**REGISTRATION DEADLINE: JULY 10 or when we register 55 players**

**Parents:** Please share your e-mail address and a cell phone number so that the coaches may contact you directly with information, updates, changes to the schedule, etc. Space is provided on the registration form.

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**TACKLE FOOTBALL REGISTRATION 2010**  
**Registration Deadline: JULY 10 (or when full)**  
One name per form, please

**Parent:** Are you interested in helping coach your child's team? \_\_\_No \_\_\_Yes

If yes, your name and daytime phone number: \_\_\_\_\_

**Student:** Did you play Rocky River Tackle Football last year? \_\_\_ Yes \_\_\_ No

Name of player \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Fall Grade Level \_\_\_ Fall School \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Name \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent E-Mail Address:** \_\_\_\_\_ **Parent Cell Phone #** \_\_\_\_\_

**Waiver:** In consideration of your accepting my child's registration, I hereby, for myself, my child, my heirs, waiver and release any and all rights and claims for damages I or my child may have against the City of Rocky River Recreation Dept. and its representatives, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by same. I do hereby hold the City of Rocky River Recreation Dept. harmless of and from any and all liability of whatever nature which may arise out of or result from participation in the Recreation Department sponsored programs for which we are registered participants. I understand that photographs of participants may be used for marketing or promotional purposes for the Recreation Dept. and hereby grant permission for my child's photograph to appear in such promotional literature.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Payment:**

\_\_\_cash \_\_\_check \_\_\_ Visa/Mastercard/Discover

Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_

**Office Use: Cashier:** \_\_\_\_\_ **Credit Card Approval #** \_\_\_\_\_ **Transaction #** \_\_\_\_\_