

# **ERMS Flag Football**

**Mondays & Wednesdays**

**2:50 to 3:50**

**9/3, 9/8, 9/15, 9/17, 9/22, 9/24**

**Please save the top section for your records.**

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**Return the bottom section to ERMS, ATTN: Mr. Meyers**

## **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>	