

# INTRAMURAL FLAG FOOTBALL REGISTRATION

**WHO:** BOYS 1<sup>ST</sup> – 2<sup>ND</sup>

**WHERE:** COVENANT ACADEMY FIELD

**TIME:** 5:30 P.M. – 7:00 P.M.

**DATES (1<sup>ST</sup> & 2<sup>ND</sup>):** EACH MONDAY SEPTEMBER 14<sup>TH</sup> – OCTOBER 26<sup>TH</sup>  
**\*\*EXCEPTION: TUESDAY, OCTOBER 13<sup>TH</sup> INSTEAD OF MONDAY, OCTOBER 12<sup>TH</sup> DUE TO A HOLIDAY AND TUESDAY, OCTOBER 20<sup>TH</sup> INSTEAD OF MONDAY, OCTOBER 19<sup>TH</sup> DUE TO A CAP MEETING**

**COST:** \$50.00 (INCLUDES JERSEY THAT PLAYERS WILL KEEP)

**NAME OF STUDENT** \_\_\_\_\_

**T-SHIRT SIZE** \_\_\_\_\_

**Please return the medical release form (notarized) to the Upper School or Grammar school office by Saturday, August 15<sup>th</sup>.**

**Please make check payable to Covenant Academy Football and mail to:**

**Covenant Academy  
Intramural Football  
4652 Ayers Road  
Macon, GA 31210**

**Yes! I am interested in :** Coaching \_\_\_\_\_ Team Mom \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**I hereby give approval for the participation of my child, whose name appears above, in any and all 2009 Covenant Football League activities and assume all the risks and hazards associated with incident to such participation, including transportation to and from CA activities. I understand that, although this is a recreational league, the possibility of an accident or injury involving my child does exist. I further understand that CA's student accident insurance coverage, if my child is an enrolled CA student, is a secondary catastrophic plan, and will only take effect after my personal insurance has been exhausted and the school student accident policy's deductible has been satisfied by me or my insurance provider.**

**PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_