

# **3<sup>RD</sup> AND 4<sup>TH</sup> GRADE INTRAMURAL TACKLE FOOTBALL REGISTRATION**

**WHO:** BOYS 3<sup>RD</sup> – 4<sup>TH</sup>

**WHERE:** COVENANT ACADEMY FIELD / HEPHZIBAH CHILDREN'S HOME

**TIME:** 5:30 P.M. – 7:00 P.M.

**DATES :** PRACTICE ON TUESDAYS/THURSDAYS BEGINNING  
AUGUST 14<sup>TH</sup> WITH GAMES PLAYED IN SEPTEMBER THROUGH  
OCTOBER.

**COST:** \$110.00 (INCLUDES JERSEY)  
\$75.00 for returning players

**CONDITIONING:** TUESDAYS/THURSDAYS BEGINNING AUGUST 4<sup>TH</sup> 5:30 – 7:30  
**\*\*CONDITIONING IS OPTIONAL**

**FITTING:** JULY 17<sup>TH</sup> – 5:30P.M. AND JULY 18<sup>TH</sup> – 9:00 A.M. (at Covenant)

**MAKE-UP FITTING:** JULY 30<sup>TH</sup> – 5:30 P.M. (at Covenant)

**HEAD COACH:** DEREK WHITWORTH

Please return the medical release form (notarized) to the Upper School or Grammar School office by Thursday, July 30<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 \_\_\_\_\_, 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: \_\_\_\_\_