

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

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

**WHERE:** COVENANT ACADEMY FIELD

**PRACTICE TIME:** 5:30 P.M. – 7:00 P.M.

**DATES :** THERE WILL BE A PARENT MEETING ON THURSDAY, AUGUST 18<sup>TH</sup> AT 7:00P.M. IN THE UPPER SCHOOL LUNCH ROOM. PRACTICES WILL BE ON MONDAY, TUESDAY AND THURSDAY UNTIL THE WEEK OF SEPTEMBER 20<sup>TH</sup>

**COST:** \$110.00 (INCLUDES JERSEY)

**FITTING:** AUG. 20th 9:00 – 10:00 A.M (at Covenant Gym)

**HEAD COACH:** LOUIS ABBOTT  
Cell: 478-714-0474

Please return the medical release form (notarized) to the Upper School or Grammar School office by Monday, August 22th. Mrs. Ferguson will be available for notarizing on that Monday in the Upper School.

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 2011 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: \_\_\_\_\_