



# SWINK REC FOOTBALL



Forms also available on line: [www.townofswinkco.com](http://www.townofswinkco.com)

WHO: 3<sup>rd</sup> and 4<sup>th</sup> Grade (Tackle)  
5<sup>th</sup> and 6<sup>th</sup> Grade

WHEN: REGISTRATION BEGINS July 14, 2021 THRU August 14, 2021  
**NO LATE REGISTRATIONS!!!**

WHERE: REGISTRATIONS CAN BE TAKEN TO SWINK TOWN HALL AT 301 COLUMBIA AVE. OR  
MAILED TO P.O. BOX 267, SWINK, CO 81077.

FEE: \$55.00 PER PARTICIPANT **NO REFUNDS**  
**\$10.00 per participant volunteer fee, refundable at the end of the season if 2 hours of volunteer services are rendered per participant.** WE NEED VOLUNTEERS OF ALL TYPES: COACHES, OFFICIALS & SCORE KEEPERS, CONSESSION STAND. BY VOLUNTEERING, YOU WILL HELP THE SWINK RECREATION PROGRAM TO CONTINUE. WE NEED YOUR HELP!  
**\$65.00 TOTAL**

**MAKE CHECKS PAYABLE TO: TOWN OF SWINK.**  
**PLEASE NOTE CHECKS WILL BE HELD UNTIL WE SEE IF WE HAVE A TEAM.**

**SHIRT SIZE (CIRCLE ONE) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL**

**PLAYERS MUST PROVIDE OWN PANTS, PADS FOR PANTS, CLEATS AND MOUTHPIECE.**

Player Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(PLEASE PRINT)

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(Street address)

Mailing Address: \_\_\_\_\_  
(If different from above)

The following information is needed in case of emergency:

Parent or Legal Guardian Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text Y N

E-Mail Address: \_\_\_\_\_

Emergency Contact person OTHER THAN PARENT: Name: \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_ Please Print Phone: \_\_\_\_\_

Yes, I am interested in coaching \_\_\_\_\_ Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
(For Coach)

Yes, I will help with: \_\_\_\_\_

PAID: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ COLLECTED BY \_\_\_\_\_

**Please complete back page.**

**WAIVER STATEMENT:**

**YOUTH FOOTBALL OFFERED BY SWINK RECREATION ADVISORY BOARD**

I hereby release and absolve all (PARTICIPATING – to be used throughout this waiver to include all in this paragraph) Volunteers, Participants, Coaches, Parks & Recreation, Towns, Schools, A.V.Y.S.C. and etc. all their employees or agents of same from any claims of damages arising from injury received by the participants involved in the above stated activity whether due to negligent acts or omissions of said parties. Other participants or otherwise.

In consideration for being permitted to utilize all stated (PARTICIPATING) Towns and Schools facilities or to participate in stated Town sponsored recreational activities, I hereby agree as follows:

- a. I understand that the above-described activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I acknowledge that such risks may include, but not limited to bodily injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected through participation in the recreation events.
- b. I hereby expressly assume all such risks of injury, loss, or damage to be or to any third arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the above stated Towns, its officers, its employees, or by any other cause.
- c. I hereby waive, and exempt, release and discharge the above state (PARTICIPATING) from, any and all claims, demands, and action for such injury, loss or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the above stated (PARTICIPATION), or by any other cause.

Player Printed Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_