



2021 Football Registration Form

South St. Paul Parks and Recreation Department
 Mail To: 125 Third Avenue North, South St. Paul, Minnesota 55075
 Telephone: 651-366-6200 • Weather Hotline: 651-366-6210 • Website: southstpaul.org

Last (Parent/Guardian Name) _____ First Name _____ Home Phone _____

Address _____ City _____ Zip _____

E-Mail Address(s) _____ Cell Phone _____

School Child Attends _____ Emergency Contact/Phone _____

Participant First/Last Name	Date of Birth	Age	Grade	Shirt Size	Program	Fee
Total:						

**Parent volunteer participation in coaching is essential to the success of the program.
 Please consider helping out. Coaching forms can be found at Central Square.**

Cost: Flag \$65 Resident \$70 Non Resident (fee includes camp).
 Tacklebar/Tackle \$85 Resident \$90 Non Resident (fee includes camp).

Registration Deadline is July 23rd. Registrations after this date will incur a \$20 late fee (no exceptions).
 No refunds will be given after the program starts.

Do you/registrant have any special needs or medical conditions we should know about: _____

Mail Signed Registration Form and Check To City Hall:
 125 Third Avenue North, South St. Paul, MN 55075

Required Waiver: In consideration for being allowed to participate in the activity, Participant and/or parent, legal guardian or conservator hereby releases, indemnifies, defends and holds harmless the City and/or Special School District #6, it's officers, officials, employees, insurers, agents, contractors, representatives, associated personnel, successors and assigns, from and against all liabilities, claims, causes of action, demands, losses, damages, judgments and other obligations (including attorney's fees and costs), including those arising from any third party claims, on account of injury, loss or damage which arises out of, or are in any way related to, participation in the above described activity.

Notice: If Participant is under 18 years old or has a legal guardian or conservator, this release must be signed by the custodial parent, legal guardian or conservator. I certify that i am the custodial parent, legal guardian or conservator of the above named Participant. I hereby consent to his/her participation in the activity and any emergency medical treatment or services. I have read and understand the above terms and conditions and agree to be bound by them.

Parent Signature: _____ **Date:** _____ 4/2021