PLAYER REGISTRATION FORM

FlagRoster

Season: _____ · Team: _____ · Division: _____

PLAYER DETAILS

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

JERSEY #

POSITION

EMAIL

PHONE

LICENCE # (IF APPLICABLE)

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

CONSENT & WAIVER

I confirm the information above is accurate. I understand flag football carries a risk of injury and I accept that risk. I consent to the league and my team processing this information to administer the season, in line with their privacy policy. For players under 18, a parent or guardian must sign.

PLAYER / GUARDIAN SIGNATURE

PRINT NAME

DATE