YOUTH FLAG FOOTBALL CLINIC

Students ranging from 2nd to 4th grade.

Program Instructor: Chance Porter

Program runs:
August 26th to October 4th.

Registration Form

I, the Parent/Guardian of the child listed below, hereby agree to indemnify and hold harmless the Osceola Parks & Recreation Department, Clarke Community Schools, the City, their agents, commissioners, officers, volunteers and employees of from any and all liability for personal injuries or damages that may hereafter be sustained while participating in, traveling to or from, or observing of this Youth Recreational Program.

Child's Name: _____ **Male/Female**

Grade: _____ **Phone: (H)** _____ **(W)** _____

E-mail address: _____

Parent's Signature: _____

Participant Jersey-Shirt Size: (Please circle one)

Youth Sizes:
Small Medium Large

Adult Sizes:
Small Medium Large X-Large

Registration Fee:
$35.00
Registrations should be turned into Osceola Parks and Recreation office prior to start. **Registration Deadline:**
August 21st , 2026.

Times of Instruction:
Practices will start week of August 26th. Practice days and times will be decided on by coaches. Parent's meeting will be after first practice, **PARENTS MUST ATTEND.** Games will be Sunday afternoons with the first game being September 13th. Will be playing I-35, Martensdale-St. Mary's and Central Decatur.

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. THE CITY OF OSCEOLA, PARKS AND RECREATION DEPARTMENT, ITS AGENTS, COMMISSIONERS, OFFICERS, VOLUNTEERS AND EMPLOYEES WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.
Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

_____

Parent/Guardian(Signature):_____ **Date:**_____