

**Maverick Football Program
Presents:**

**FLAG
FOOTBALL**

An exciting flag football league created for
7th and 8th grade students.

This program is designed to help prepare future high
school football players.

- Who:** 7th and 8th Grade Students
What: 9 on 9 Flag Football
Where: La Costa Canyon High School
When: Saturday Mornings from 8:00am until 11:00am
Dates: March 21, 28, April 4, 18, 25, May 2, 9, 16
Coaches: LCC Football Staff and LCC Football Players
Games: 11 games, Playoffs, Super Bowl
Cost: \$120 before March 15th, \$140 late registration
Includes: A pair of shorts, a tee shirt and mouthpiece

March 21st tryouts and late registration from 8-11am at the LCC Gym. **March 28th**, players will find out which team they are on. They will practice and then scrimmage vs. two other teams. The next five Saturdays, they will practice and play two games each week. May 16th, playoffs for all teams, championship game.

Parent Information Meeting March 11th, at the LCC gym, 5:30-6:30pm.

***** Register Now, we can only accommodate 120 students.**

Questions:

visit website: www.teachers.sduhsd.net/dbrown or
email: lcfootball@sduhsd.net or
call: 760 436-6136 x6186

2009 – Maverick Flag Football League

General Registration Information:

_____	_____	_____
(Name of Participant)	(Current Grade)	(Name of Current School)
_____		_____
(Address)		(State) (Zip Code)
_____	_____	
(Home Phone)	(Name of High School you will most likely attend)	

General Football Information:

What position do you wish to play: DL LB DB OL QB RB WR
(Circle Two)

Mail the 3 registration pages to: Darrin Brown, Head Football Coach
La Costa Canyon High School
One Maverick Way
Carlsbad, CA 92009

Or Turn them in at the LCC Football Meeting, March 11, 5:30pm.

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- 1. PLEASE FILL OUT ALL FORMS COMPLETELY WITH ALL NECESSARY SIGNATURES.**
 - 2. THE PART 3 – HEALTH FORM DOES NOT QUALIFY AS A PHYSICAL FOR FRESHMAN FOOTBALL.**
 - 3. THE PART 3 HEALTH FORM ONLY REQUIRES DOCTORS SIGNATURE INDICATING YOUR CHILD IS IN GOOD HEALTH TO PARTICPATE (OFTEN DOCTORS WILL SIGN THE FORM VIA FAX).**
 - 4. YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THE ABOVE STATED ITEMS.**
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X

FOR OFFICIAL USE ONLY

Date Registration Received: _____ Date Registration Verified: _____

Paid by: CASH CHECK Check Number: _____ Amount: _____

Please attach your check for \$120 made payable to Mavericks Football here.

PARENT RELEASE FORM

2009 Maverick Flag Football League PART 1 – WAIVER and LIABILITY RELEASE

WAIVER and LIABILITY RELEASE

I, the undersigned, know that participation in the Maverick Flag Football League is potentially hazardous to the health of (Name)_____. In choosing to participate in the Maverick Flag Football League I fully accept and assume all risks whether before, during or after completion of the league. These include without limitation, risk of physical injury, mental injury, emotional distress, trauma, death, contact with other participants, the effects of weather including extreme temperature or conditions. All risks are known and understood by me. I waive any and all specific notice of the existence of the risks. Knowing these facts and in consideration of my admission and participation in the Maverick Flag Football League, I, acting as parent or legal guardian release, waive, and agree to hold the Superintendent, San Dieguito Union High School District, La Costa Canyon High School, La Costa Canyon Foundation, its officials, emergency and support people, employees and representatives harmless from any claims, demands and actions of any kind I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to participation in the Maverick Flag Football League. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, damage or loss to my person or property which may be (a) caused by any act, or failure to act, by the above identified persons and entities or (b) sustained by my child before, during, or after the league.

I have read this agreement, waiver and release and agree to and accept the terms.

(Signature of Parent/Legal Guardian)	(Typewritten or Printed Name)
(Name of Participant in the League)	(Date)

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2009 Maverick Flag Football League PART 2 – MEDICAL TREATMENT AUTHORIZATION

MEDICAL TREATMENT AUTHORIZATION

I hereby authorize the staff of Maverick Flag Football to provide care that includes routine first aide and medical treatment

as necessary to my minor son/daughter_____. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the league. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians and staff members at Scripps Encinitas Hospital to perform any necessary emergency treatment.

Name of emergency contact	(_____)_____
Phone	
Name of family physician	(_____)_____
Phone	
Parent's or guardian's name (please print)	
Signature	Date

**PHYSICIAN SIGNATURE IS MANDATORY FOR
PARTICIPATION**

**2009 Maverick Flag Football League
PART 3 - HEALTH FORM**

Please complete the following and sign at the bottom of the page. Please use a ball point pen.

PATIENT INFORMATION

Name: _____

Address: _____
Street City State Zip

Home Phone: () _____ Other Phone: () _____

I certify that the following information is true. I certify that this child has had a physical examination, signed by me, within one year of the league completion date (May 17, 2008). This child is in good health and able to participate in the camp program and activities. Special physical and/or mental medical limitations requiring medication or special treatment are listed below, as well as any current medications:

Allergies: _____

Date of Birth: _____ Sex (circle): Male Female

Please indicate (if applicable) HMO PPO

Insurance company _____

Insurance company address (no. and street or box no.) _____

City State ZIP code

Policy subscriber's name _____

Policy no. Group no.

Physician's Signature: _____

Print Physician Name: _____

Physician's Address: _____

I hereby authorize the release of medical information for the purpose of obtaining additional medical care as required to safeguard the health of my child.

_____ Date

_____ Signature of Parent/Legal Guardian

***** This form is good for non-contact flag football only and will not be acceptable for contact football at La Costa Canyon Athletics.**