



2022 YOUTH TACKLE FOOTBALL

Return to: Burlington Recreation Center



Where: Madison Youth Football League

When: Saturdays starting in September

Cost: \$85.00

Deadline: Mon, July 25th

*Parents Meeting will be Wed, July 27th



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Cost: \$85.00

Participant Name: _____

Grade Fall '22: _____ Birth Date: _____

Parent/Guardian Name: _____

Cell Phone: _____

Address: _____

Email: _____

T-SHIRT SIZE: (circle one) **YS** **YM** **YL** **AS** **AM** **AL** **AXL**
(6-8) (10-12) (14-16)

CONSENT TO PARTICIPATE

We, the undersigned, do hereby acknowledge that we are aware that in all sports there is the potential for injury. Some accidents could conceivably result in injuries that are very serious and/or life threatening. We further acknowledge that the participant listed above is physically able to participate in this sport. The USD 244 Recreation Commission and its employees are not responsible for accidents and injury that might occur as a direct or indirect result of participation in this program.

PLEASE LIST ANY MEDICAL CONDITIONS or write NONE _____

SIGNATURE OF PARENT/GUARDIAN/PARTICIPANT

DATE

REGISTRATION INFORMATION AND POLICIES:

1. Registration form must be completely filled out and accompanied by **full** payment of fees. Participants WILL NOT be registered until **both** the registration form and fees are received.
2. Any registration forms received after the deadline will be assessed a **\$5 late fee**.
3. When cancelling out of an activity already paid and registered for, patrons must find someone to fill the spot they are cancelling out of. Upon finding a replacement, a refund of the activity fee minus a \$5 BRC cancellation fee will be applied. If the spot is unable to be filled, no money will be refunded.
4. BRC will take payment by cash, check, or credit card (not Discover). Make checks payable to BRC and return form and fees to:

Return forms to Burlington Recreation Center, 1110 Shea Street, Burlington, KS 66839

Questions? Call 620-364-8484 or visit our webpage @ www.burlingtonrec.com

Office use only: Date _____ Amt Pd _____ Receipt # _____ Initials _____