2017 FOX CHAPEL FLAG FOOTBALL PROGRAM
WITH HIGH SCHOOL FOOTBALL PLAYERS & COACHES

Program Information

Coaches and Referees are JV and Varsity Football players.

When: Sunday, September 10 – 11:00 AM – 1:00 PM
Sunday, September 17 – 8:00 AM – 10:00 AM
Sunday, September 24 – 11:00 AM – 1:00 PM
Sunday, October 1 – 11:00 AM – 1:00 PM
Sunday, October 8 – 11:00 AM – 1:00 PM

Location: Fox Chapel High School Football Field

Who: 1st– 6th Graders interested in playing football

Program Price: $50/player
*t-shirt
*30 min training session each week
*2 – 30 minute games each week
*mouth guard (must be worn to participate)

Please make checks payable to FC Quarterback Club and mail to:
562 Dorseyville Road Pittsburgh, PA 15238

Direct questions to– susnak@comcast.net

Sunday, September 10 is Opening Day
*t-shirt distribution *skills training stations
*meet your coach

Registration Deadline: Friday, September 8

2017 Fox Chapel Flag Football Program Sign- Up Form

Player Name:_____ Phone: _____

School: _____ Grade:_____

Parent/Guardian Emal: _____

Player t-shirt size (circle one): YM YL YXL AS

I/We hereby grant permission for my/our child, _____, to participate in the Flag Football Program being organized by Quarterback Club.
It is understood that my/our child's participation in this event is voluntary. It is expressly agreed that this activity/event shall be undertaken at his/her own risk and that the Quarterback Club and/or the Fox Chapel Area School District and its Board of School Directors, officers, employees, agents, and assigns (hereafter referred to as the School District) shall not be liable for any injuries sustained during this activity/event, or be subject to any claim, demand, injury or damages whatsoever, including, without any limitation, those damages resulting from acts of active or passive negligence on the part of the School District its successors or assigns, as well as its directors and agents, for all such claims, demands, injuries, damages, actions or causes of actions.
Intending to be legally bound, on my/our behalf and that of my/our child, hereby absolve, release and discharge the School District, its successors or assigns, directors, officers, employees and agents, and any individual directly or indirectly involved from any liability for injury, illness, accident or any other claims relating to my/our child's participation in or as a result of this activity/event.
I/We, the undersigned further represent that my/our child (above named) is adequately covered by a personal or family medical plan which includes payment of hospitalization, medical expenses and other related expenses which may arise from my/our child's participation in this activity/event and that, upon request, I/we shall present proof of coverage to the appropriate administrators of Fox Chapel Area School District
I/We further authorize medical treatment, and the release of information necessary for medical treatment for my child in the event of illness or injury sustained while participating in this activity/event.

Parent/Guardian Signature:_____ Date _____
_____ Date _____

Emergency Contacts: _____ Telephone _____
_____ Telephone _____

Allergies/Medical Conditions:
_____