

DOTHAN FLAG FOOTBALL LEAGUE

Permission & Medical Form

(PLEASE PRINT Information)

School Grade _____ D.O.B. ____/____/____

Player's Name _____

Address _____ City _____ Zip Code _____

Parent's Name _____

Phone #'s Home _____ Work _____ Cell _____

Email _____

Alternate Emergency name and number:

Name _____ Phone # _____

Medical Profile

Name & dosage of any medications that can or must be taken

Pre-existing or present medical conditions? _____

Any known allergy? (food) _____ (medicines) _____

____ Hay fever ____ Heart Condition ____ Diabetes ____ Insect Stings

____ Asthma ____ Frequent Stomach Upsets ____ Physical Handicap

____ Any major illness during the past year ____ Epilepsy/Nervous Disorders

If any of the above is checked, please include routine means of treatment.

Medical Release & Permission

My child has permission to participate with the Dothan NFL Football League. I, do hereby give Covenant United Methodist Church and its representatives permission to administer minor medical attention to my child should the need arise. I also release the said institution of all liabilities.

Parent Signature _____ Date ____/____/____

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Player Registration Form

All age division will be co-ed. Please check one.

_____ Ages 6-8

_____ Ages 9-12

_____ Ages 13-15

Interested in coaching? Yes _____ No _____

In order to have the correct size jersey, please circle the size you will need.



Youth Jersey Measurements				
Size	Small	Medium	Large	X-Large
Chest Width	33"	37"	41"	43"
Body Length	22"	23"	24"	25"

Adult Jersey Measurements				
Size	Small	Medium	Large	X-Large
Chest Width	44"	46 1/2"	49"	52"
Body Length	27"	28"	29 1/2"	31"

Please return this form in person, mail, or email to:

Covenant United Methodist Church

Attn: Michael Smith

3610 West Main Street

Dothan, AL 36305

Phone: (334)714-4837 | michael@covenantdothan.org

Visit dothanflagfootball.com for more information.

In order to be on a team THIS SHEET ALONG WITH YOUR \$50.

REGISTRATION FEE will have to be turned in to the

Director of Recreation by July 15, 2018

FOR OFFICE USE ONLY:

_____ Date Paid _____ Cash _____ Check # _____ Kiosk/Online