

# Topanga Recreation @ Community Club

## TR@CC! FLAG FOOTBALL SIGN UP!

FALL  
2010

Fun

- Fair Play
- Fundament

Name of Player: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please circle best 2 days to practice; "X" through those you can't:      Mon    Tues    Wed    Thurs    Fri

Parents with whom you wish to car pool: \_\_\_\_\_

Child's Skill Level:  Beginner  Intermediate  Advanced I CAN VOLUNTEER-  COACH  OTHER

Parent/Guardian(s) name(s): \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Last) (First)

Parent/Guardian(s) name(s): \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Last) (First)

Emergency Contact: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Last) (First)

### Youth Program Agreement

1. I hereby certify that my child is in good health and capable of safe participation in the Topanga Community Club youth sports program.
2. I assume all risk(s) and hazards related to the conduct of this program and for the transportation to and from the program. I hereby authorize the TCC to obtain emergency medical treatment for my child in the event that parent(s) and/or the emergency contact cannot be reached.
3. I will have a parent or guardian present at all times for practices and games and will not have coaches transport my children.
4. I agree that youth sports programs entail participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement, and good sportsmanship.
5. I agree to abide by the Topanga Community Club Sports Program rules at all times. All team members, coaches, parents, supporters, and players must commit to a high standard of conduct at all times. TCC Rules are to be observed at all times. Violations with regards to the use of profanity, loud or rowdy behavior, ridiculing players, fans, referees, fighting, arguing, or illegal activities may result in the suspension from the league and from the Topanga Community Club grounds.

**Signed:** \_\_\_\_\_ Name Printed: \_\_\_\_\_  
Signature of parent or guardian Date

### Youth Program Parent Permission Form

The undersigned as parent or legal guardian of \_\_\_\_\_ hereby authorizes the TCC and its delegated staff and directors to consent to any emergency medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of section 25:8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the TCC will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the TCC and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the TCC in conjunction with any authorized event.

**Signed:** \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian

Credit Card #: \_\_\_\_\_ at: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Card's Billing Address\*\*: \_\_\_\_\_

\*\*check box here if card's billing address is same as above

Add TCC Family Membership to your Soccer Registration *for just a few dollars more!*

<p><b>Please check one:</b></p> <p><input type="checkbox"/> Division I: 5 - 6 yrs old</p> <p><input type="checkbox"/> Division II: 7 - 8 yrs old</p> <p><input type="checkbox"/> Division III: 9-10 yr old</p> <p><input type="checkbox"/> Division IV: 11-12 yr ld</p> <p><input type="checkbox"/> Division IV: 13-14 yr old</p>	<p><b>Fees:</b></p> <p>Members*: \$125</p> <p>Others: \$160</p> <p>*TCC Family Membership: \$50</p> <p><b>\$25 late fee after 9/19/09</b></p>	<p><b>Make Check Payable to:</b></p> <p>Topanga Community Club</p> <p><b>Please mail to:</b></p> <p>P.O. Box 652, Topanga 90290</p>
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I would also like to add a Field Improvement Donation of:  \$10  \$25  \$50  \$100  Other- \$ \_\_\_\_\_ or ask about league sponsorship!

#### For Office Use Only

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Account: \_\_\_\_\_

Name on Card \_\_\_\_\_ Staff Initials \_\_\_\_\_ Receipt # \_\_\_\_\_ Scholarship Amount \_\_\_\_\_ %

