

**COLLIER BLUE HAWKS LLC
REGISTRATION FORM**

Name _____
Street _____
City _____ State _____ Zip _____
Age ____ Birthdate _____ T-Shirt Size _____
Parent's Names _____
Mother's Cell _____
Father's Cell _____
Email _____
Emergency Contact _____

**2021 Fall Season
(\$220)**

**To be eligible, all registrations must pay
the full players fee. Sibling and CSN
Faculty Discounts Available. Contact us by
email.**

**Please print and email this form to
Collierbluehawks@gmail.com. Please bring
your payment to the first practice. Cash or
Check Please.**

REGISTRATION DEADLINE IS 09-01-2021

**REFUND POLICY: Any registrant unable to attend
the league after enrollment will have total amount
credited to his/her account for a period of one year,
effective from the original sign-up date. THERE IS
NO CASH REFUND AFTER ENROLLMENT.**

**COLLIER BLUE HAWKS LLC
WAIVER FORM**

WAIVER: I hereby release the Community School of Naples, the Collier Blue Hawks Flag Football League, Collier Blue Hawks LLC, its Director(s), and its instructors / coaches, from liability from injury, illness, or death suffered by my child in connection with this league. Should my child suffer from an injury or from an illness, I authorize the league officials to use their discretion to have him/her transported to a medical facility, and I take full responsibility for this action.

By signing this document, I confirm that my child is in good physical condition and is able to participate in all instruction and games.

Permission is hereby granted to the Collier Blue Hawks Flag Football League as well as Collier Blue Hawks LLC to use photographs, videos, and/or endorsements of the players. The instructors are not responsible for lost or stolen property.

Insurance Company_____

Policy No._____

MEDICAL: Is participant on medication?

Yes No

Any Allergies? Yes No

If Yes to Any Above, Please Describe:

PLAYER'S NAME

SIGNATURE (PARENT or GUARDIAN)

PARENT'S/GUARDIAN'S NAME (PRINTED)

DATE