



City of Atlantic Beach Recreation & Special Events  
716 Ocean Blvd., Atlantic Beach, FL 32233  
[www.coab.us/recreation](http://www.coab.us/recreation) - (904)-247-5828  
email: recreation@coab.us

## FLAG FOOTBALL REGISTRATION

**Register at the Recreation Department during office hours (8:00 a.m. – 4:30 p.m.) or mail registration form and payment of \$10 to the above address. Please pay registration fee (\$10) by cash, money order or check.**

Child's Name: \_\_\_\_\_ (one child per form)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ T-shirt size: S  M  L  XL

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Contact Person in case of emergency (other than listed parent): \_\_\_\_\_

Emergency Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does the above named child have medical insurance? Yes  No

If yes, please give the name of the insurance company and policy number.

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- I hereby give my child permission to participate in the City of Atlantic Beach Recreation program.
  - I give permission for my child to be treated at a medical facility in case of an emergency.
  - I authorize the City of Atlantic Beach to use photographs of my child for advertising purposes.
  - I further agree to indemnify and hold the City of Atlantic Beach harmless from any and all injuries and damages that my child may suffer as a result of participation in the City of Atlantic Beach Recreation programs.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_