

2025 NFL FLAG FOOTBALL REGISTRATION FORM

AGE: For grades K-5th as of March 6, 2025
START DATE: Tentative start date is March 17th
REGISTRATION: The registration deadline is March 6, 2025. Register online at www.dexterpark-rec.com.
ENTRY FEE: \$42/person

Player Form

First Name _____ **Last Name** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Primary Number _____ **Email** _____
Texting Number _____ **Cell Phone Provider (AT&T, Verizon, etc.)** _____
Date of Birth: ____/____/____ **Age** _____ **Gender (circle one):** Male Female

Parent/Guardian Name _____
Jersey (circle one): YS (33" Chest) YM (34" Chest) YL (36" Chest) YXL (37" Chest)
 AM (40" Chest) AL (42" Chest) AXL (44" Chest) AXXL (46" Chest)
Grade (circle one): Kindergarten 1st 2nd 3rd 4th 5th

Special Requests: _____

I/we, the parent(s) of _____ fully understand the risk of personal injury due to my participating in the City of Dexter Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Dexter. In addition, I hereby release the foregoing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Dexter Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Dexter Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Dexter, and all league officials, and coaches, including but not limited to relatives of participants in the City of Dexter Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependents participation in this City of Dexter Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Dexter Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials. I/We have read the above carefully, understand it, and agree to it.

_____/_____/_____
Parents or Guardian Signature _____ **Date** _____

COACH FORM

Coach's Name _____ **Player's Name** _____ **Age** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Primary Number _____ **Email** _____
Texting Number _____ **Cell Phone Provider (AT&T, Verizon, etc.)** _____
Circle One: Head Coach Assistant Coach Either **Shirt Size (circle one):** AS AM AL AXL 2XL 3XL

Office Use: Total Paid: \$ _____ Cash Credit Debit Check # _____ NOT PAID
Registration Fee \$40 = Total \$ _____

Initials: _____ Date Paid: _____



DEXTER, MISSOURI



Parks & Recreation



FLAG FOOTBALL

Remind Stay Connected.

Join the group to receive important messages and announcements about your sport.

Existing Remind Users

Name: DPR Flag Football

Remind Code: @flgfball

For Text Messages

Text @flgfball to 81010

