



INTRAMURAL SPORTS



Northeast Region Flag Football Clinic Hosted by The University of Rhode Island Saturday, September 15, 2007 REGISTRATION FORM

Institution Name:
Your Name:
Address:
City/State/Zip
Email:
Phone:

<i>For office use only</i>	
Collected by	_____
Date	_____
Amount paid	\$ _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____

The University of Rhode Island is proud to host the 2007 NIRSA Northeast Region Flag Football Officials Clinic. The clinic will be held from 8:30am until approximately 5pm on Saturday, September 15. The registration fee for the clinic is \$25 and includes a light breakfast, lunch, a binder containing the NIRSA Flag & Touch Football Rules Book & Officials' Manual and a clinic T-Shirt.

The clinic will feature both in-class and on-field instruction and all officials will have a chance to officiate scrimmage games. All officials should bring with them a whistle, striped officials shirt, and appropriate athletic clothing including footwear for officiating.

Participants are encouraged to register in advance by Faxing completed registration forms to 401.874.4829, ATTN: Chad. Registration fees can be mailed to Chad Gouin, 3 Keaney Road – Suite 1, Kingston, RI 02881 or can be paid on site the day of the clinic. Cash or checks will be accepted. Checks should be made payable to THE UNIVERSITY OF RHODE ISLAND. For more information on the clinic, please contact Chad Gouin at 401.874.7871.

PLEASE READ AND SIGN THIS PARTICIPATION WAIVER - I desire to voluntarily engage in the health and fitness programs at the University of Rhode Island Mackal-Keaney-Tootell Complex and understand that participation in athletics and recreation involves the risk of personal discomfort and injury which may include muscle soreness, strains and sprains, as well as cardiovascular problems; potentially even heart attack and permanent disability. I agree that my use of equipment, facilities and premises of the University of Rhode Island while participating in athletic and recreation activities constitutes acceptance of that risk regardless of the nature of the injury. I agree that the University of Rhode Island, Board of Governors for Higher Education, their Agents, Employees and the State of Rhode Island shall not be liable for any injury, loss, or damage suffered or sustained by me while participating in athletic or recreation activities at the University. **I understand that the rules and regulations of the Mackal-Keaney-Tootell Complex are designed for the safety and protection of participants and I hereby agree to abide by these rules and regulations.** I also understand that certain activities require a minimum level of fitness for safe participation. I consent to participate acknowledging the foregoing risks.

I hereby acknowledge that I have read and understand the above stated waiver.

SIGNATURE _____

DATE _____