



St. Ansgar Park and Rec 2020 Flag Football

After much deliberation, the St. Ansgar Park and Rec flag football program will **begin Thursday, September 17th at 6pm**. Due to the COVID pandemic it is only open to all boys and girls in grades 3-4. **Registration will be held Thursday, September 12th at 5:30pm** under the white pavilion at the little league fields. **Masks will be required at all times.** This program is overseen by the High School Football Staff and run by Devin Schwiesow/Drew Clevenger/Luke Nielsen. Once again only 3rd-4th graders this year due to COVID and will be free of charge (as we do not know how long we will be able to continue due to the Covid pandemic). All players will receive a free mouth piece. **We are also asking for EXTRA HELP FROM PARENTS as our HS players will not be volunteering to help stay COVID free for their season.**

This year all games will be played at 6:00 pm and end around 7:00 pm. Game dates this year will be September 17th, 24th and October 1st, 8th, and 15th. We will have a “Flag Football Recognition Night” during halftime of the St. Ansgar vs Lake Mills game on October 9th, 2020. (see [attached sheet](#) for more details)

GAME CANCELLATIONS: Every effort will be made to make cancellation decisions while school is in session, so an announcement can be made while students are still in school. We also set up a Remind account that will give a text message in case of cancellations or other info.

REMIND SIGN UP: Text the message @saints-fff to the number 81010

Name: _____

Parent/Guardian: _____

Emergency Contact (name/ cell number): _____

PLEASE BRING BOTH RELEASE OF LIABILITY FORM AND COVID RELEASE FORMS TO PRACTICE.

*****Please bring the bottom portion of this page & \$30 with you to registration on (September 12th). Make sure the liability form is signed on back!**

RELEASE OF LIABILITY
CITY OF ST. ANSGAR ATHLETIC PROGRAMS

(PLEASE READ THIS ENTIRE RELEASE CAREFULLY BEFORE SIGNING)

By signing below, I acknowledge that I have voluntarily enrolled registrant(s) listed below in the City of St. Ansgar Athletic Programs. I further understand that the activities included in the City of St. Ansgar Athletic Programs do involve risks. I am aware of the risk and dangers inherent with those activities and willingly assume the risks of injury to the registrant(s), including the listed participants, whether they are obvious or not obvious. In consideration of the registrant(s) listed below being able to participate in the City of St. Ansgar Athletic Programs, I agree that registrant(s) listed below are in good health and that they are physically capable of participating in the activities scheduled or associated with the City of St. Ansgar Athletic Program.

As consideration for registrant(s) listed below being permitted to participate in the City of St. Ansgar Athletic Programs, I release from any legal liability the City of St. Ansgar, its officials, employees or agents, for any and all injury or death caused by or resulting from the registrant(s) listed below and participation in the activities of the City of St. Ansgar Athletic Programs. I further agree not to sue, claim against, or prosecute the City of St. Ansgar, its officials, employees or agents for any injury or death caused by or resulting from the registrant(s)'s participation in the City of St. Ansgar Athletic Programs.

I agree to defend, indemnify and hold harmless the City of St. Ansgar, its officials, employees and agents for any injury or death caused by or resulting from the registrant(s)'s participation in the City of St. Ansgar Athletic Program. This agreement shall be legally binding upon my heirs, estate, my assigns, personal representatives, and me.

I have carefully read the agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this agreement on my behalf, and on behalf of my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND IT.

NO PERSON WILL BE ALLOWED TO PARTICIPATE IN THE CITY OF ST. ANSGAR ATHLETIC PROGRAM WITHOUT A SIGNED RELEASE.

Participants Name- Please Print
(May use space below for additional names)

Parent or Guardian Signature
(If participant is under age 18)

CITY OF ST. ANSGAR'S INFORMED CONSENT AGREEMENT FOR PARTICIPATION IN PARK AND REC SPORTS ACTIVITIES

Dear Parents/Guardians and Participants,

The City of St. Ansgar's Park and Rec Board will be following the guidelines set for school athletics.

The St. Ansgar's Park & Rec Board is taking reasonable measures to prevent the spread of infection. However, the possibility of transmission cannot be eliminated. Students and families must be aware of and acknowledge the risk before participating in activities.

By initialing and signing this Informed Consent Agreement, you acknowledge, accept and agree to the following (Parent/Guardian and Participant Must Initial and Sign)

_____ Participation in program is purely voluntary.

_____ Neither myself nor my child will attend any activities if any of the following apply:

- a. Any member of our household is exhibiting symptoms of illness, such as cough, fever, or shortness of breath.
- b. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.
- c. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

_____ I agree to immediately inform the City of St. Ansgar if any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19.

_____ I am aware that myself and my child may be exposed to COVID-19 while participating. I understand that this exposure carries a risk infection, serious injury, or death.

_____ My child is voluntarily participating in activities and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

_____ I forever release the City of St. Ansgar from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in athletics.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE LIST ANY PRE-EXISTING CONDITIONS THAT YOUR PARTICIPANT HAS. (EX-ASTHMA, DIABETES)