

ACFFL

# Summer Touchdown Tourney



Arena Club Flag Football presents the Summer Touchdown Tournament for youth flag football teams ages 6-8, 9-11 and 12-14 years old. The first annual tournament will be held on June 8th (June 9th if needed). Championship games will be held on our indoor arena.

## 7-8 coed

For: Teams ages  
6 – 8

Day: Saturday and  
Sunday

Date: June 8th

## 9-11 coed

For: Teams ages  
9 – 11

Day: Saturday and  
Sunday

Date: June 8th

## 12-14 Boys

For: Teams ages  
12 – 14

Day: Saturday and  
Sunday

Date: June 8th

- Registration Dates: April 1st-May 31st: A \$50 registration fee will be added after this date
  - No Registration will be taken after June 5th.
- Games will be held on our indoor turf field and **outdoor grass field**.
- All teams are guaranteed 3 games. Games will be officiated.
- Games are 15 minutes running halves with a 2 minute halftime.
  - Trophies will be awarded to 1st and 2nd placed teams.
  - Fees are \$100/team

**Cost: \$100/team \$50 late registration fee after May**

Athletics; YFF





TEAM NAME \_\_\_\_\_

WHAT AGE GROUP ARE YOU REGISTERING FOR? 7-8 coed 9-11 coed 12-14 boys  
\*age as of March 1st, 2013\*

COACHE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ WK/CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**HEALTH INFORMATION:** ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR TEAM'S SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

\_\_\_\_\_ GOOD GENERAL HEALTH

\_\_\_\_\_ SEIZURE

\_\_\_\_\_ ALLERGY, FOOD OR OTHER

\_\_\_\_\_ ASTHMA

\_\_\_\_\_ BEHAVIORAL ISSUE

\_\_\_\_\_ DIABETES

\_\_\_\_\_ MENTAL HEALTH CONDITION

\_\_\_\_\_ PRESCRIPTION MEDICATION

\_\_\_\_\_ OTHER CHRONIC HEALTH CONDITION

\_\_\_\_\_ OTHER MEDICATION

EXPLANATION: \_\_\_\_\_

**PAYMENT INFORMATION:**

TYPE OF PAYMENT \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_\_\_

I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees and agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_