

ACFFL

Youth Flag Football



Our program is associated with NFL Flag Football and is designed to educate young people about football while emphasizing participation and sportsmanship. Players learn skills and lessons that help them succeed both on and off the field. .

7-8 coed

For: Children ages 7 – 8
Day: every Tuesday for 10 weeks

Date: Sept 3-Nov 5th
Time: 6-8 p.m.

*Age is determined by child's age as of Sept 1, 2013

9-11 coed

For: Children ages 9 – 11
Day: every Thursday for 10 weeks

Date: Sept 5th-Nov 7th
Time: 6-8 p.m.

*Age is determined by child's age as of Sept 1, 2013

12-14 Boys

For: Boys ages 12 – 14
Day: every Friday for 10 weeks

Date: Sept 6th-Nov 8th
Time: 6-8 p.m.

*Age is determined by child's age as of Sept 1, 2013

- Registration Dates: July 1st –August 16th 2013.
- No Registration will be taken after August 16th.
- Practices and games will be held on our indoor turf field.
- All team (s) will play 8 games. Games will be officiated.
- Every player will receive a reversible jersey from NFL Flag Football at their first game.
 - Every player will also receive a medal at the last game
 - Athletics/youth flag football

Cost: \$80 for members

\$95 for non-members NO REFUNDS



CHILD'S NAME _____ BIRTHDATE _____ BOY OR GIRL? _____

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

IS HE/SHE A MEMBER? _____ HAS HE/SHE PLAYED FOOTBALL B/F? _____

MOM'S NAME _____ DAD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ WK/CELL _____

EMAIL ADDRESS _____

EVERY PLAYER MUST ATTEND FIRST NIGHT TO BE EVALUATED AND THEN TEAMS WILL BE SELECTED AT RANDOM

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'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: _____

Coaching Information:

Interested in Coaching? _____ Head Coach _____ Asst Coach _____

Coaching Experience _____

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____

I accept full responsibility for my child's use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at his/her own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and hold agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by him/her resulting there from.

PARENTS SIGNATURE _____ DATE _____