

**WATERTOWN PARK AND RECREATION DEPARTMENT  
2010 YOUTH FLAG FOOTBALL**

**FORMAT:** The department plans to offer these leagues:

- ◆Grade 3 & 4
- ◆Grade 5 & 6

Most teams are formed through the schools the players attend. Many local parochial schools field their own team. The remaining players are drafted onto teams by volunteer coaches. All players must return the registration form along with the proper fee to participate in this year's program.

**DEADLINE:** Friday, August 27

**GAMES:** Games will be played on Mondays and Tuesdays beginning September 13.

**PRACTICES:** Days and times arranged by coaches, usually week nights or Saturdays.

**COACHES:** Coaching is done on a volunteer basis. We need coaches for this years program. If you have any interest, please indicate so on the registration form and contact the Park and Recreation office.

**EQUIPMENT:** All players need to wear a mouth guard to participate. Turf shoes are allowed but no metal spikes.

**FEES:** City residents \$16.00; non-city residents \$24.00 - **Tax Included.**

**SPECIAL NEEDS:** The department will make every effort to comply with the regulations associated with the Americans with Disabilities Act (ADA). In the space provided below, please list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt accommodate these needs and will contact you to discuss your participation.

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**2010 YOUTH FLAG FOOTBALL REGISTRATION**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ IS PARENT WILLING TO HELP COACH? YES NO

SCHOOL ATTENDING \_\_\_\_\_ TEAM NAME \_\_\_\_\_

List any special needs the child may have: \_\_\_\_\_

I understand the inherent risk of injury involved in participating in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Fee: \$16.00cr                      \$24.00ncr