



FLAG FOOTBALL REGISTRATION FORM

First Name: _____ Last Name: _____

Home Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact and Number: _____

Male or Female _____ Age as of 1/1 of current year: _____ Date of Birth: _____

School Grade: _____ School Name: _____

Division of choice: (Please check one)

_____ Division A 8 & Under _____ Division B 10 & Under
_____ Division C 12 & Under

Important Jersey Sizing Information:
Jersey Size (Please circle one) Youth: S M L XL Adult: S M L XL

_____ has our permission to participate in the All Star Activities Flag Football Program. I will accept responsibility for any personal injury that may occur as a result of my child's participation. I will not hold All Star Activities or its employees or appointed volunteers responsible for any such injury which may occur. I also understand that photographs may be taken and used for future program publicity including on the All Star Activities website.

Signature of Parent/Guardian Date

Parent Volunteers are needed for this program. Are you willing to volunteer to coach a team?
_____ YES _____ NO