



217 Youth United Flag SUMMER 2024 REGISTRATION



Childs First Name _____ Last Name _____ D.O.B ____/____/____

Grade Child will be in Fall 2024 _____ (available for 1st thru 8th Grades)

Parents Name (First) _____ (Last) _____

(First) _____ (Last) _____

Address _____

Town _____, Zip _____

Email _____/_____

Phone# _____ / Text? _____ Yes, _____ No

How would you rate your Childs Athletic Ability (1 low - 5 high) 1__2__3__4__5__

What Coaching style does your child learn best from (1 laid back - 5 Agressive) 1__2__3__4__5__

****Does your child have any Health/Medical Conditions we should be aware of?***

****Parent Volunteer (Each Team will be asked to have a parent run chain gang)**

Asst Coach _____ Referee _____ *Referees Paid \$10.00 per game

Waiver

I _____ give my child _____ permission to participate in practices, games and other events pertaining to Tuscola Flag Football. I understand that while Flag Football lessens the chance of injury that accidents can and do happen. I therefore agree to waive all rights to trial (jury or other) in a lawsuit against RCX LLC, The National Football League, The City of Tuscola, The City of Tuscola Park District, Tuscola CUSD 301, Tuscola Flag, it's Coaches, operators or any other affiliates and sponsors.

Date _____

Signature _____

****PLEASE SEE JERSEY AND EQUIPMENT SIZE CHARTS AND OPTIONS AT www.tuscolafalg.com****

Sublimated Jersey and Flag Set (\$50 required)

YS_____, YM_____, YL_____, YXL_____, AM_____, AL_____, AXL_____, AXXL_____

Matching NFLFlag CORE Shorts (\$10 optional)

YS_____, YM_____, YL_____, AS_____, AM_____, AL_____, AXL_____, AXXL_____

*NEW Reversible PERFORMANCE SHORTS (\$20 Optional)

YS_____, YM_____, YL_____, YXL/AS_____, AM_____, AL_____, AXL_____

NEW Team Matching long socks (\$10 optional)

YS(9-1)_____, YM/YL(12-6)_____, AS/AM(6-10)_____

Team Matching Arm Sleeves (\$14 optional)

S_____, L_____

NEW JUNK brand Team Headband (\$16 Optional)

One Size Fits All_____

****NOTE** MOUTHGUARDS ARE REQUIRED FOR ALL PRACTICES AND GAMES. IF YOUR CHILD DOESN'T HAVE ONE THEY CAN NOT PARTICIPATE. (INITIAL)_____.**

Order Total \$_____

Cash \$_____

Check \$_____, Check #_____

Make checks payable to: TUSCOLA FLAG FOOTBALL

Mail to: TUSCOLA FLAG FOOTBALL

803 E Houghton

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