

FLAG **COED** FOOTBALL

K - 1ST DIVISION 2ND - 3RD DIVISION

\$60 RESIDENT FEE

\$70 NON-RESIDENT FEE

APRIL 27TH - JUNE 8TH
NO GAMES MAY 25TH

**SATURDAY MORNINGS AT ROBERTS PARK
BEGINING AT 9:00 AM**

**REGISTRATION
DEADLINE: APRIL 2ND**

**REGISTRATION
CLOSES: APRIL 5TH**

**VOLUNTEER
COACHES
NEEDED**

Spring Flag Football 2024

Office Use Only

Cash: _____ Check: _____ Check Number: _____

Received By: _____

Player's First & Last Name _____

Parent First & Last Name _____

Individual Registering Child First & Last Name _____

Street Address _____

City: _____ State: _____ Zip: _____ Township: _____

Phone _____ Email _____

School _____ Grade _____ Age _____

My child is: **Boy** **Girl**

Circle T shirt size: **youth** **youth** **youth** **adult** **adult** **adult** **adult**
 small **med** **large** **small** **med** **large** **x large**

*If you order the wrong size t-shirt and request another, there will be a \$10 fee to order a new one.

Check the box stating you have received the concussion information sheet

Circle: **Resident \$60** **Non-Resident \$70**

[Checks payable to Thomas Township General Fund]

Submit registration form and payments to 249 N. Miller Rd Saginaw MI 48609

Circle Division: **K - 1st** **2nd - 3rd**

Registration deadline **April 2nd**

\$15 late fee after this date until

Registration **CLOSES April 5th**

WE CANNOT GUARANTEE REQUESTS. Volunteer Coaches determine their teams practice times. We can only honor requests between siblings/family members.

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this flag football program. I waive and release Thomas Township from any and all claims.

Parent/Guardian signature

Date

Volunteer coach: _____ **Phone:** _____ **Shirt Size:** _____