

THOMAS TOWNSHIP PARKS & RECREATION



# FLAG FOOTBALL LEAGUE

Volunteer  
Coaches  
Needed

MAY 2ND  
THROUGH  
JUNE 13TH

K - 1st Division    2nd - 3rd Division

Saturday Mornings  
beginning at 9:00 am

Roberts Community Park

**FEES:** \$65 RESIDENTS  
\$75 NON-RESIDENTS

**\*REGISTRATION DEADLINE: APRIL 3RD**  
**\*A \$25 LATE FEE WILL BE ADDED UNTIL**  
**REGISTRATION CLOSSES APRIL 10TH**

More Information: 989.781.0151

[www.thomastwp.org](http://www.thomastwp.org)

# Spring Flag Football 2026

\*\*\*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 \$65**            **Non-Resident \$75**

[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 3rd**

\$25 late fee after this date until

Registration **CLOSES April 10th**

**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:** \_\_\_\_\_