YOUTH FLAG FOOTBALL SEPT. 12 - NOV. 14

Our Flag Football program is associated with NFL Flag Football and is designed to educate young players about football while emphasizing participation and sportsmanship. Players learn skills and lessons that help them succeed both on and off the field.

- Practices and games will be held on the outdoor field.
- Week 1 is a football combine, Week 2 is a practice with the team,
 - and Weeks 3-10 are games against other teams.
 - All team(s) will play 8 games. Games will be officiated.
- Every player will receive a reversible jersey from NFL Flag Football at their first game!

7 - 8 CO-ED

Children ages 7-8* Every Tuesday 6-7:30pm *Age is determined by child's age as of September 1.

9 - 11 CO-ED

Children ages 9-11* Every Thursday 6-7:30pm *Age is determined by child's age as of September 1.

12 - 14 CO-ED

Children ages 12-14* Every Friday 6-7:30pm *Age is determined by child's age as of September 1.

SPACES WILL FILL - REGISTER EARLY!

Registration Deadline: Sept. 15

S89 MEMBERS / S109 NON-MEMBERS

410-734-7300 www.thearenaclub.com



Youth Flag Football Registration Form

DAY(S) OF PROGRAM:			DATE(S) OF P	ROGRAM:			
PARTICIPANT'S NAME:					MEMBER:	Υ	Ν
AGE:	DOB:	/	/	MALE	or FEMALE:		
PARENT NAME (if participan	t is under 18):						
STREET ADDRESS:							
CITY:			STATE:	ZIF	P:		
HOME #:			CELL #:				
EMAIL:							
EMERGENCY CONTACT:				CELL #			
VOLUNTEER COACH:	Parent - check h	ere if you	are intersted in coac	hing	Head		Asst
List coaching experience:							
HEALTH INFORMATION: P	Please list any s	pecial ne	eeds, medical or be	havioral condi	tions, or med	icatic	ons
that we need to be aware of	to ensure your	child's s	afety (allergies, ast	hma, etc.)			

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or L	egal Guardian must sign ij	Date				
PAYMENT:	TYPE:	TOTAL AMOUNT:	DATE PAID:			
VISA / MC #			EXP:			
FOR OFFICE US	SE ONLY:		Staple Receipt Here			