### THE VERNON C. NEAL SPORTSPLEX

200 Dunn Ave. – Washington, PA 15301 Phone: 724-222-2522 – FAX: 724-222-2550 www.brownsonhouse.org – vcnsportsplex@gmail.com

# FALL 2022 YOUTH FLAG FOOTBALL

Age Groups 6-8 & 9-12 (All Co-ed)

\$95.00 per player / \$75.00 per player\*\*

\*\*If you have your red & white reversible jersey from our previous Flag Football Leagues No refunds unless league is cancelled! May combine age divisions!



## TWO WAYS TO REGISTER

REGISTER & PAY ONLINE at www.brownsonhouse.org

**REGISTER BY MAIL** send this registration form and a check to the address above. (Make check payable to the Vernon C. Neal Sportsplex)

DEADLINE TO REGISTER & PAY: September 6, 2022

## Registration is valid only if payment is received by Sept. 6, 2022

Games will be played on weeknights (1 or 2 games) and on Saturday afternoons (4 or 5 games).

State regulations when this was written, **allowed us to permit spectators in the facility** to watch practices and games. We will continue to monitor all state and local announcements regarding COVID-19 and will adjust as necessary.

### PLAYER REGISTRATION FORM

| Player Name   | Age Group  |                                | Birth Date                        |                                    |                     |                                   |  |
|---|--|--------------------------------|-----------------------------------|------------------------------------|---------------------|-----------------------------------|--|
| School  | Shirt Size   | YM                             | YL                                | AS                                 | AM                  | AL                                | AXL  |
| Parents Name  |  |                                |                                   |                                    |                     |                                   |  |
| Address   | City/State/Zip   |                                |                                   |                                    |                     |                                   |  |
| Primary Phone   | Secondary Phone  |                                |                                   |                                    |                     |                                   |  |
| Cell Phone My son/daughter has my permission to participate in the yout not hold any adult advisor or anyone responsible for any injutransit. I agree to indemnify and save harmless the Vernon C damages they may be required to pay for my child. I certify m Does the child have hospitalization? Yes No | th flag football<br>ary or illness the<br>Neal Sportsp<br>ay son/daughte | league,<br>hat migh<br>lex and | during th<br>t occur d<br>Brownso | ne time h<br>luring pr<br>on House | is group actice ses | is sched<br>sions, g<br>y and all | uled. I will<br>ames or in<br>liability or |
| Parent Signature:   |  |                                |                                   |                                    |                     |                                   |  |
| Would like to request a certain coach<br>Would like to play on the same team as   |  |                                |                                   |                                    |                     |                                   |  |