

# THE VERNON C. NEAL SPORTSPLEX

200 Dunn Ave. – Washington, PA 15301

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[www.brownsonhouse.org](http://www.brownsonhouse.org) – [vcnsportsplex@gmail.com](mailto:vcnsportsplex@gmail.com)

## FALL 2020 YOUTH FLAG FOOTBALL

### Age Groups

6-8, 9-11, 12-14 (All Co-ed)

\$110.00 per player / \$90.00 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](http://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 10, 2020**

**Registration is valid only if payment is received by Sept. 10, 2020**

Games will be played thru the week and on Saturday afternoons.

Due to state regulations, we will not be permitted to allow spectators in the facility to watch practices or games. The addition of spectators will be contingent upon future health conditions within the state and local communities. 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 \_\_\_\_\_ E-Mail \_\_\_\_\_

My son/daughter has my permission to participate in the youth flag football league, during the time his group is scheduled. I will not hold any adult advisor or anyone responsible for any injury or illness that might occur during practice sessions, games or in transit. I agree to indemnify and save harmless the Vernon C. Neal Sportsplex and Brownson House from any and all liability or damages they may be required to pay for my child. I certify my son/daughter has been examined and is physically fit to participate.

Does the child have hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Would like to request a certain coach** \_\_\_\_\_

**Would like to play on the same team as** \_\_\_\_\_