



Flag Football (coed)

Ages 6-14 (must be that age during the season).



Registration Fee: \$105		Late Registration Fee: \$115		MAKE CHECKS PAYABLE TO "FFC"						
ADMIN USE ONLY ►		<i>Payment amount:</i>		<i>Waiting List #:</i>		<i>initials</i>				
		\$								
PLAYER INFORMATION										
FIRST NAME:				LAST NAME:						
Gender	M / F	GRADE		Date of Birth:		MM/DD/YYYY				
Is there a sibling in the same age group? If so, name:										
UNIFORM Sizing uniforms available - extra fee for reorders due to incorrect sizing										
Jersey	YXS	YS	YM	YL	YXL	AXS	AS	AM	AL	AXL
PARENT/GUARDIAN 1 INFORMATION				<small>(IF YOUR CHILD HAS 2 HOUSEHOLDS YOU CAN LIST THEM SEPARATELY WITH PG1 BEING THE MAIN RESIDENCE OF THE CHILD)</small>						
Do you attend church? (circle one)		YES NO		If so, where?						
First Name(s):				Last Name:						
Address:										
<small>Street</small>		<small>City</small>		<small>ST</small>		<small>Zip</small>				
Main Phone#:		Cell #:		Other #:						
EMAIL ADDRESS PLEASE PRINT CLEARLY										
P/G1 VOLUNTEER (circle) *must complete a coaches packet:				*Head Coach		*Asst. Coach		Team Parent		
PARENT/GUARDIAN 2 INFORMATION				<small>(IF YOUR CHILD HAS 2 HOUSEHOLDS YOU CAN LIST THEM SEPARATELY WITH PG2 BEING THE SECONDARY RESIDENCE OF THE CHILD)</small>						
First Name(s):				Last Name:						
Address:										
<small>Street</small>		<small>City</small>		<small>ST</small>		<small>Zip</small>				
Main Phone#:		Cell #:		Other #:						
EMAIL ADDRESS PLEASE PRINT CLEARLY										
P/G2 VOLUNTEER (circle) *must complete a coaches packet:				*Head Coach		*Asst. Coach		Team Parent		
MEDICAL AND EMERGENCY INFORMATION (if parents/guardians cannot be reached)										
Please list any medical issues your child has (allergies, illness):										
Emergency Contact:		Relationship to child:		Phone #:						

Simply fill out this form and bring to our Recreational Center located at 20921 County Road 48 in Robertsdale, AL. Recreation Center Days/Hours are listed on our website and Facebook page.