



Town of Aberdeen Parks & Recreation Department

# 2025 Flag Football Registration

First Practice - August 25<sup>th</sup> (subject to change)

**Register by: August 15<sup>th</sup> (Or until Full)**

**Eligibility: Boys and Girls Ages 6-8, 9-10, 11-12 and 13-15 (as of 8/31/25)**

*\*9-10 and 11-12 age groups may be combined if not sufficient number of teams\**

**Registration Fee: Residents \$15 / Non-residents \$30**



**Last Year's Co-Sponsors: Carolina Barbell, Heaven's Best Service Group**

**Evolution Athletics, Performance Additives, and Lowe's Home Improvement**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Female / Male

Age (as of 8/31/25): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

How did you hear about this league? \_\_\_\_\_

Medical Problems \_\_\_\_\_

**\*\*Parents, would you like to volunteer to be a Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_**

If Yes, Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Would you like to sponsor a team or know a business that would? Yes \_\_\_ No \_\_\_**

If Yes, Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_

Do you have any team, player or coach requests? \_\_\_\_\_

**PARENTS READ CAREFULLY**

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all league rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures or video taken during this program to be used as promotional purposes.

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

Player Shirt Size:    YS    YM    YL    AS    AM    AL    AXL    AXXL

Coach Shirt Size:    AS    AM    AL    AXL    AXXL    AXXXL    AXXXXL

**\*For Department Use Only\***

Registration Fee: \$15 R \$30 NR CC CASH CHECK# \_\_\_\_\_ ONLINE CC Date Paid \_\_\_\_\_ Staff \_\_\_\_\_