



Town of Aberdeen Parks and Recreation Department  
2020 Athletics

**\*Flag Football Registration\***

First Practice - August 31st (subject to change)

**Register by:** August 21st (Or until Full)  
**Eligibility:** Boys and Girls Ages 6-15 (as of August 1st, 2020)  
**Registration Fee:** Residents \$12 / Non-residents \$25



**Last Year's Sponsor: Evolution Athletics**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Female / Male  
 Age (as of 8/1/20): \_\_\_\_\_ 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, contact Name \_\_\_\_\_ Number \_\_\_\_\_ Email \_\_\_\_\_**  
**\*\*Would you like to sponsor a team or know a business that would? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If Yes, contact 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 taken during this program to be used as promotional purpose.

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: \$12 R \$25 NR CC CASH CHECK# \_\_\_\_\_ ONLINE CC Date Paid \_\_\_\_\_ Staff \_\_\_\_\_