

# Moreau Recreational and Instructional Coed Youth Flag Football Application

Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

AGE \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in Sept. 2010 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ EMAIL: \_\_\_\_\_

Siblings playing this season (name and grade/age) \_\_\_\_\_

Does your child have any current conditions that limit his/her ability to participate in soccer?  
 If "Yes", please identify/explain any modification that would enable your child to participate:

Please provide information about allergies or medical conditions in case of an emergency (attach additional sheets if necessary):

I/We, the parent(s) of the above named child, give my/our approval for said child to participate in any and all Coed Youth Soccer activities, including transportation to and from the activities. I/We understand that participation in Coed Youth Soccer may result in serious injuries and that protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Moreau, sponsors, participants, coaches and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause.

Parent(s) or Guardian(s) Signature \_\_\_\_\_

Name of Family Medical/Hospitalization Plan \_\_\_\_\_

	<u>Uniforms</u>		<u>Paid</u>
	<i>Circle shirt size</i>		
	Youth	Adult	
Shirt	S M L	S M L	Date: _____ Cash: _____ Check: _____

**Make checks payable to "Town of Moreau"**

**Volunteer Information:**

**Coaches are needed at all levels. No experience needed - just the desire to help our children learn to enjoy a team sport.**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I am interested in volunteering for one or more of the following: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

## FALL REC CO-ED FLAG FOOTBALL SIGN-UPS

The Town of Moreau Recreational Flag Football sign-ups will be held on:

**When: Saturday May 1st and Saturday May 08th (9am - till noon),**

**Where: Moreau Town Hall  
61 Hudson Street  
South Glens Falls, NY 12803**

Or mail this form in with the \$20 fee to:

**Town of Moreau  
P.O. Box 1349  
South Glens Falls, NY 12803.**

Practice will begin on: **Monday August 23rd**

Games will start on: **Saturday September 4th and end on Saturday October 30th.**

The program is for all children entering grades Kindergarten thru 2<sup>nd</sup> Grade.

All children will practice once during the week and play on Saturdays for 90 minutes, with time split between instructional skills and games.

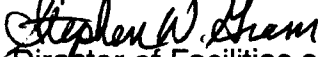
**After July 1<sup>st</sup> there will be a \$10.00 late fee.**

Except, new people moving in to the district. When the teams are full, you will be put on a waiting list on a first come basis.

**The sign up form is on the reverse side of this notice.**

Please direct any questions to:

Stephen W. Gram

  
Director of Facilities and Recreation  
(518) 793-0196