



*Portsmouth Recreation Department
Presents*

FLAG FOOTBALL 2019

STARTING THURSDAY, 9/5, THROUGH 10/26

Grades 1 - 8

Welcome Packet and Application Form

PRACTICE TAKES PLACE

THURSDAYS FROM 4:30-5:30 PM

SEVENEY FIELD

GAMES TAKE PLACE

**SATURDAYS FROM 2:30-5:30 PM
(EACH DIVISION PLAYS ONE HOUR)**

SEVENEY FIELD

DIVISIONS:

DIVISION 1: 6TH - 8TH GRADE

DIVISION 2: 4TH - 5TH GRADE

DIVISION 3: 1ST - 3RD GRADE

What is included with registration:

NFL Reversible Flag Football Jersey, NFL Flag Set, USA Football Parent Account

What your child will need to bring:

Water, cleats/sneakers

FLAG FOOTBALL APPLICATION

Participant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Grade: _____ Age: _____

Sex – Circle One: M / F Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s)/Guardian Information

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Willing to Volunteer as Coach or Other: (if other, please specify) _____

Emergency Contacts in addition to parents – name & phone:

MEDICAL EMERGENCY/INJURIES/FIRST AID

If your child is injured/medical situation arises, necessary steps to obtain emergency care will be taken. These steps include, but are not limited to:

If the injury or illness is serious, 911/Portsmouth Fire and EMT will be called immediately as well as parent/guardian. If the parent/guardian is not available, call will be made to persons listed on the emergency information form you completed at the time of registration.

Newport Hospital will be used in most instances unless otherwise requested. Please be sure to update any medical information, health concerns and/or illness, insurance, medical contacts, etc., with staff if anything changes.

Medical Information:

Allergies or medical conditions: _____

Family Doctor and phone: _____

Health Insurance Co. and policy number: _____

Other important information:

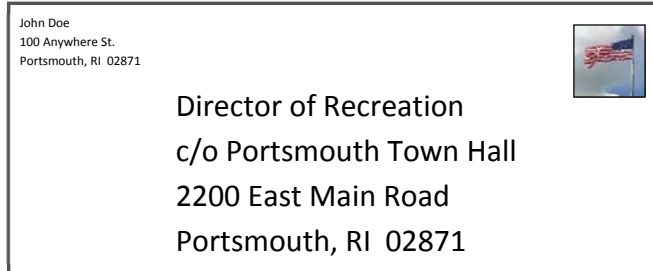
Flag Football Season Fees:

Full Season Flag Football Fees

1 Child - \$110

Sibling Discount - \$10

Please send application and check made out to the "Town of Portsmouth" to:



Permission to treat:

All activities involve risks. In the event of a serious medical emergency, I authorize Portsmouth Recreation Department personnel to have my child treated by emergency medical technicians and a local hospital. Furthermore, I agree not to hold the Town of Portsmouth, its employees or agents liable for any incidents that may arise from my child's participation in this activity.

I have read and understood the above recreational policies, procedures, and payment expectations.

Signature: _____

Date: _____

If you have any questions or concerns, please contact Kyle MacDonald, Flag Football Coordinator, at 401-924-3322 or kylemacdonald45@gmail.com
