

**2009 H.Y.S.A. FLAG FOOTBALL
REGISTRATION FORM**



mail to:

H.Y.S.A. Flag Football
3070 Jaguar Lane
Green Bay, WI 54313

Child's Name: _____
 Address: _____
 City: _____ State: **WI** Zip: _____
 Primary Telephone: _____
 Date of Birth (mm/dd/yyyy): _____
 Parents/ Primary Guardian Name: _____
 Secondary Guardian Name/ Phone: _____

NIGHT GAME (check one)
 FRIDAY
 SATURDAY
 majority rules

Please indicate age & school for 2008/ 2009:

SCHOOL (check one)

Meadowbrook <input type="checkbox"/>	Lineville <input type="checkbox"/>	Suamico <input type="checkbox"/>
Howard <input type="checkbox"/>	St. John's <input type="checkbox"/>	Other <input type="checkbox"/>
Forest Glen <input type="checkbox"/>	Bay Harbor <input type="checkbox"/>	

AGE (check one)

6 <input type="checkbox"/>	9 <input type="checkbox"/>
7 <input type="checkbox"/>	10 <input type="checkbox"/>
8 <input type="checkbox"/>	11 <input type="checkbox"/>
	12 <input type="checkbox"/>

NOTE: Your child cannot be turning the age of 13 before October 10, 2009

FEES:

Participation fees must be paid at time of registration.
\$15 for Howard residents, \$20 for non-residents.
 Registrations are due by Saturday, August 22, 2009. (\$5 fee for late registrations).

GRADE (check one)

1 <input type="checkbox"/>	4 <input type="checkbox"/>
2 <input type="checkbox"/>	5 <input type="checkbox"/>
3 <input type="checkbox"/>	6 <input type="checkbox"/>

MAKE FLAG FOOTBALL REGISTRATION CHECKS PAYABLE TO: H.Y.S.A.

PARTICIPATING (check one)
 I am participating in the weekly competitive events (\$5 fee) (proceeds go to H.Y.S.A.): YES NO

****PLEASE PROVIDE SEPARATE CHECKS FOR THE EVENTS**

I am interested in being (check one):

Head Coach Assistant Coach League President

Name: _____ Telephone: _____
 E-mail: (**required for league updates) _____

I understand participation in Howard Youth Sports Association programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Village of Howard, its employees and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. Use of a protective mouth guard is recommended.

Parent/ Guardian Signature: _____ Date: _____

WEEKLY COMPETITIVE EVENTS:

<p>W1 40 yard dash (each participant runs 2X's with best time being taken)</p> <p>W2 shuttle run (each participant runs 2X's with best time being taken)</p> <p>W3 PPK (Punt Pass Kick) (each participant gets 2 attempts with average score taken)</p> <p>W4 obstacle course/ receiving (see below for description)</p> <p>W5 Passing accuracy (passer will get 5 passes to hit numbered targets (total points will be taken))</p> <p>W6 team 40 yard dash (each team runs 1X with the avg. time of the first finisher and last finisher) (THE TEAM WILL RUN TOGETHER)</p>	Comments/ Team requests:
--	---------------------------------

OBSTACLE COURSE:

All participants will be timed running various pass patterns while receiving passes. Again, this is a timed event with each participant having only (1) attempt. A 2 second penalty will be added to the participant's overall time for each dropped pass.

PRIZES:

Medals will be awarded to the first, second and third place finishers in each age group (6-7, 8-9 and 10-12).

SCORING:

4 pts (1st), 3 pts (2nd), 2 pts (3rd), 1 pt (all other)

SCORING RULES:

Total points for all events will determine overall winners for each age group
 In case of a tie, the participants will do the 40 yard dash in W6 (ties are for 1st-3rd places only)
 Teams with the total amount of points from all participants will receive a prize