

**MAYVILLE RECREATION DEPARTMENT FLAG FOOTBALL
2018 REGISTRATION FORM**

CHILDS NAME: _____ ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ E-Mail: _____

GRADE (THIS FALL) _____ SCHOOL ATTENDING: _____

Did you play last season? _____

T-shirt Size: Youth Small____ Youth Med____ Youth LG.____
Adult Small____ Adult Med____ Adult Large____

List any Medical Disabilities, Medications, Allergies, Etc. _____

_____ I would like to assist as a Volunteer Coach: Name _____
Phone #: _____

I hereby permit my child to participate in the Mayville Recreation Department Flag Football Program. I understand that accident insurance coverage is not included in the registration fee. I understand that all league games will be played under the direction and supervision of the Mayville Recreation Department and that each team will be managed by a volunteer adult.

PARENT (GUARDIAN) SIGNATURE: _____

FEE: 1st & 2nd Grade League: \$15.00 per Player

3rd & 4th Grade League: \$20.00 per Player

• Turn this form in with payment to the TAG Center or mail to:

Mayville Rec. Dept. 1700 Breckenridge Street Mayville, WI. 53050