

**Charles Papa Playground
Flag Football Program**
68th and Lansdowne, Philadelphia, PA
Thursday at 6:30 pm & Games Saturday at 10:00 am



Registration on Thursday (E) & Saturdays (M) Starting September 3, 2009

Contacts: Coach Darrel Oliver at (267) 303-4478
Coach John Richards at (610) 529-6124
Coach Ike Goldman at (610) 842-4143

Teams are for boys and girls ages 5 to 12. The age bracket in which a player participates is determined by the player's age as of September 1, 2009.

SEASON RUNS FROM September 5, UNTIL October 31, 2009. Playoffs are on November 7, 2009. Banquet is that evening at Good Shepherd Church Complex

Age Groups Brackets

A	B
5-7	8-12
co-ed	co-ed

Cost is \$45.00 per player, discounts for families with multiple players in league.

"You Must Be The Change You Wish To See In The World" Mahatma Gandhi



**PAPA PLAYGROUND ADVISORY BROAD
&
OVERBROOK AA. 51
FLAG FOOTBALL REGISTRATION FORM**

Ages 5 to 12 Years Old

FEE \$45

Contact Information

PLAYER'S NAME	
DATE OF BIRTH / /	Players Address Street – City - zip
School Grade	E mail
Father's name	Father's Phone: home – work –cell
Mother's name	Mother's Phone: home – work –cell
Guardian's name	Guardian's Phone: home – work –cell

Medical Insurance Carrier/Policy #: _____

Subscriber's Name: _____ Subscriber's DOB: _____

SHIRT SIZE (circle) Youth S M L XL Adult S M L XL

CONSENT	
<p>CONTRIBUTION: I would like to make a TAX DEDUCTIBLE contribution of \$_____ and included it in my payment.</p> <p align="center">THANK YOU FOR KEEPING OVERBROOK YOUTH ACTIVITIES AFFORDABLE!</p>	<p>Parental Consent: I hereby give my approval for the above named child to participate in all league activities. I assume all risks and hazards incidental to such participation, including transportation to and from activities; and agree to hold harmless Overbrook Athletic Association 51 and its officials, coaches, managers and sponsors, and the person transporting my child whether due to negligence or any other cause.</p> <p>SIGNED: _____ DATE / / _____</p> <hr/> <p>Medical Consent: I give my consent for emergency medical treatment under whatever conditions are necessary to preserve the life, limb or well being of the above-named player.</p> <p>SIGNED: _____ DATE / / _____</p>

PAID \$ _____ _____ check _____ money order _____ cash

Signature _____