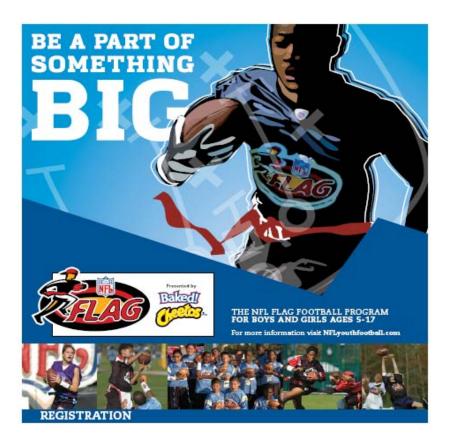
### Charles Papa Playground Flag Football Program 68<sup>th</sup> and Lansdowne, Philadelphia, PA Thursday at 6:30 pm & Games Saturday at 10:00 am



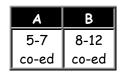
### Registration on Thursday (E) & Saturdays (M) Starting September 3, 2009

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



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





### & OVERBROOK AA. 51 FLAG FOOTBALL REGISTRATION FORM

# Ages 5 to 12 Years Old

FEE \$45

## Contact Information

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/Po	licy #:	

Subscriber's Name: \_\_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

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

CONSENT				
<b>CONTRIBUTION:</b>	<b>Parental Consent:</b> I hereby give my approval for the above named child to participate in all league activities. I assume all risks and hazards incidental to			
I would like to make a <b>TAX</b>	such participation, including transportation to and from activities; and agree to hold harmless <b>Overbrook Athletic Association 51</b> and its officials,			
<b>DEDUCTIBLE</b> contribution of				
\$ and included it in my payment.	coaches, managers and sponsors, and the person transporting my child whether due to negligence or any other cause. SIGNED: DATE / /			
THANK YOU FOR KEEPING OVERBROOK YOUTH ACTIVITIES AFFORDABLE!	<b>Medical Consent:</b> 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.			
	SIGNED: DATE / /			

PAID \$	check	_ money order	cash
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Signature\_\_\_\_\_