THE BROWNSON HOUSE INC

1415 Jefferson Ave. – Washington, PA 15301 Phone: 724-222-1440 – FAX: 724-222-7540

www.brownsonhouse.org - e-mail - brownsonhouse1@yahoo.com

SPRING 2024 YOUTH FLAG FOOTBALL

Age Groups 6-8, 9-11 & 12-14 co-ed \$99.00 per player / \$79.00 per player**

**If you have your red & white reversible jersey from our previous Flag Football Leagues No refunds unless league is cancelled! May combine age divisions!



TWO WAYS TO REGISTER

REGISTER & PAY ONLINE at www.brownsonhouse.org

REGISTER BY MAIL send the registration form below in the mail to the address above

(Make check payable Brownson House, Inc.)

DEADLINE TO REGISTER & PAY: FEBRUARY 16, 2024

Registration is valid only if payment is received by Feb. 16, 2024

Games will be played thru the week and on the weekends

PLAYER REGISTRATION FORM

Birth Date			Age Group			yer Name		
YL	I Y	Size Y	Sh	-			ol District	School
							nts Name	Parents
	ip	ity/State/					ess	Address
	<u> </u>	ork Phor					e Phone	Home F
		-Mail					Phone	Cell Ph
during pr louse fror	ccur du on Hou	that might and Brown	njury or illne Neal Sportspl	sible for any i e Vernon C. I	ne responsib rmless the V	or or anyone r	any adult advisor to indemnify and	hold any agree to i
			No	es	tion? Yes_	hospitalization	the child have ho	Does the
	te:	Γ					t Signature:	Parent Si
				coach	certain co	quest a cer	ıld like to req	Would
ime ime racti n ai	g the time ring practise from an aphysicall	M YL AS Zip ue, during the time occur during practions and is physicall of the control o	irt Size YM YL AS City/State/Zip Work Phone E-Mail football league, during the time ex and Brownson House from an extension been examined and is physicall Date:	Shirt Size YM YL AS City/State/Zip Work Phone E-Mail the youth flag football league, during the time injury or illness that might occur during practice. Neal Sportsplex and Brownson House from an /daughter has been examined and is physicall No Date:	City/State/Zip Work Phone E-Mail ticipate in the youth flag football league, during the time le for any injury or illness that might occur during practive for any son/daughter has been examined and is physicall No Date: Date: ach Date:	Shirt Size YM YL AS City/State/Zip Work Phone E-Mail on to participate in the youth flag football league, during the time esponsible for any injury or illness that might occur during practicess the Vernon C. Neal Sportsplex and Brownson House from an ld. I certify my son/daughter has been examined and is physicall in? Yes No Date: tain coach	Shirt Size YM YL AS City/State/Zip Work Phone E-Mail my permission to participate in the youth flag football league, during the time or anyone responsible for any injury or illness that might occur during practid save harmless the Vernon C. Neal Sportsplex and Brownson House from any for my child. I certify my son/daughter has been examined and is physicall pospitalization? Yes No Date:	Name Age Group Bird District Shirt Size YM YL ASSONAME City/State/Zip Phone E-Mail Baughter has my permission to participate in the youth flag football league, during the time adult advisor or anyone responsible for any injury or illness that might occur during practic indemnify and save harmless the Vernon C. Neal Sportsplex and Brownson House from an acquired to pay for my child. I certify my son/daughter has been examined and is physicall child have hospitalization? Yes No Date: Date: like to request a certain coach like to play on the same team as