



# POLAR BEAR FOOTBALL

## Flag Football

### Grades: 1 - 6<sup>th</sup>

Margaretta Varsity Football team is hosting flag football for all students in the Margaretta school system. This league will be divided into three groups (1<sup>st</sup>-2<sup>nd</sup> grade, 3<sup>rd</sup>-4<sup>th</sup> grade, and 5<sup>th</sup>-6<sup>th</sup> grade). On each Saturday, the kids will receive coaching instruction from the Varsity Football Players on skills and basic fundamentals in addition to playing actual flag football games. Flag football will be from approximately 10:00-11:30am.

The cost for flag football will be \$30.00 payable to "Margaretta Football". Please mail forms and money to the school ASAP. Students may still bring the registration forms the first day, or sign-up at any time. Your child will receive a Margaretta Football Jersey and will receive free admission to every home varsity football game. The Jersey will serve as your ticket.

Margaretta High School  
c/o Football Department  
209 Lowell Street  
Castalia, Ohio 44824

Will mostly be on the days of away JV football games. Flag Football Dates August 19<sup>th</sup>, September 2<sup>nd</sup>, September 9<sup>th</sup>, September 23<sup>rd</sup>, October 7<sup>th</sup>, and October 14<sup>th</sup>. **Saturday September 9<sup>th</sup> will go from 10-11am flag football followed by a trip to watch the JV football game, and sit in the end zone. On Saturday October 7<sup>th</sup> flag football will run from 7-8:30 under the lights on the football field.**

Any Questions email: toddpooch@aol.com

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Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Jersey Size (please circle)	<b>Youth Sizes:</b>	Small	Medium	Large
	<b>Adult Sizes:</b>	Small	Medium	Large

I hereby give permission for the above named participant to play in the league and certify that the above information is correct. I also waive the league directors, Margaretta Schools, and the coaches and officials from liability in case of injury due to participation in this league.

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Phone \_\_\_\_\_ (Home #) \_\_\_\_\_ (Cell#)

**Parents please be sure to sign the statement below so we can obtain emergency treatment, if necessary.**

**Parents: My son/daughter has my permission to be treated in case of emergency. This permission also includes admission to an area hospital if necessary.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_