

**ALEXANDRIA COMMUNITY CENTER**  
**2009 JR. TIGERS FLAG FOOTBALL LEAGUE**  
315 S. Harrison Street 724-7728 [www.alexandriacommunitycenter.com](http://www.alexandriacommunitycenter.com)

All players must be in grades K-2.

The \$35 registration fee includes a team t-shirt, mouthpiece, and trophy.

All games & practices will be held at Alexandria Intermediate School. The season consists of 6 games and will end by mid-October. Games are usually scheduled for Saturday mornings & one weeknight at 5:00.

**The registration form and \$35 fee must be returned to ACC on or before Friday, August 28 at 4:00 p.m. A \$10 late registration fee will be added after this date. Register during regular business hours Monday-Friday or on Wednesday, August 26 from 6:00-7:30 p.m. A limited amount of financial assistance is available.**

**DON'T RETURN THIS FORM TO THE SCHOOL!**

Player's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in August 2009 \_\_\_\_\_

Does your child have any health problems that we should be aware of? \_\_\_\_\_

Has your child played on a flag football league before? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

**Circle t-shirt size** 6-8    10-12    14-16    Adult S    Adult M    Adult L    Adult XL  
**Please order t-shirt large enough to fit over a jacket or sweatshirt.**

**THE ALEXANDRIA COMMUNITY CENTER IS NOT RESPONSIBLE FOR ACCIDENTS, INJURIES, OR T-SHIRTS THAT DO NOT FIT.**

**Fees must accompany this registration form unless other arrangements have been made with the director. No t-shirts will be issued until all fees have been paid in full. No refunds will be made.**

In consideration of participation in the above program conducted by the Alexandria Community Center (ACC), I do hereby agree to hold free from any liability the ACC and its respective officers, employees, and volunteers. I do hereby for myself, my heirs, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my child's participation in a program sponsored by ACC. I attest and verify that the participant listed above is physically fit and I have read this form and understand the expectations in the program signed up for. I understand that my insurance will be the primary insurance in case of accident or injury.

**I give the Alexandria Community Center permission to use pictures of my child taken during sports activities.**

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

Emergency Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I am interested in coaching \_\_\_\_\_ or assisting a coach \_\_\_\_\_ A background check will be required.

**In addition to the \$35 registration fee, I would like to contribute \$ \_\_\_\_\_ to a scholarship fund that will allow all interested area children to participate in ACC programs.**