CITY OF TEMPE Spring 2014 K-8TH Flag Football

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME
*BOYS AND GIRLS CAN COMPETE

K - 5th GRADE: Small Ball Football

* Football Camp First Two weeks of Seven Week Season.

* Remaining Weeks Have Practice Followed by (4) Quarter Game.

6th - 8th Football: Rec League

*** April.5th 1st Day Program time 9:00am – 10:30am**

*An additional practice will be held during a weekday evening (Mon. ,Tues. or Wed.)

K - 8th Program Location:
McKemy Fields
2250 S College Avenue Tempe, AZ 85282

K-6th Program Dates:
K – 1st: April.7th – May. 19th (Mon. Only)
2nd –3rd: April. 8th – May. 20th (Tues. Only)
4th - 5th: April. 9th – May.21st (Wed. Only)

6th - 8th League Dates:
April.5th – May. 17th Sat. Games Only

K-6th Program Times:
6:00pm – 7:15pm

6th-8th Possible Game Times:
9:00am/10:00am/11:00am

K-6th Program Codes (Grades Based on Fall 2013):
38440 = K – 1st
38441 = 2nd – 3rd
38442 = 4th - 5th

6th-8th Program Code (Grades Based on Fall 2013):
38443 = 6th - 8th

Easy to Register!

MAIL-IN OR DROP OFF Monday-Friday, 8 AM-5 PM
(Recreation Services 3500 S. Rural Rd. 2nd Floor)
FAX: 480-350-5058 (Debit or Credit payment only)
ON-LINE: www.tempe.gov/youthsports
(Debit or Credit payment only)

Fee: $89.00 Per Child

Scholarships available
**MUST VERIFY ENROLLMENT IN STATE SUBSIDY PROGRAM & BE A TEMPE RESIDENT OR CHILD ATTENDS A TEMPE SCHOOL

Participant Name:_____ Date of Birth_____ Age_____ Sex_____

Address: _____ APT # City_____ Zip_____

Phone: Cell_____ Other_____ School_____ Grade (Fall 2013)_____

Parent's Name:_____ Email._____ Previous Participant: Y N

Coach/Friend Request: _____ _____ _____

Please Circle One: K – 1st: 38440 2nd – 3rd: 38441 4th – 5th: 38442 6th – 8th: 38443

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:_____I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. *Photos may be taken during programs for City of Tempe Use*

_____ / _____ _____
REQUIRED: Parent or Legal Guardian Signature AND Printed Name Date

Fee: $_____ **Credit Card Number** _____--_____--_____--_____ **Exp. Date:** _____

Enclosed Check # _____ **OR** **Signature Authorizing Charge to above number** _____

Questions regarding programs or how to volunteer coach contact **480-350-5222 or keyon_cornejo@tempe.gov**

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