



YOUTH FLAG FOOTBALL

WHO: Boys and girls entering 1st-3rd grades

WHEN: Practices will be held @ Danny Anderson Field (Little League Field) and dates/times are TBD as of now. Games will be held on Saturday mornings and some evenings during the week. The season will last through mid-October, depending on the number of games scheduled. Please note that practice schedules are subject to change depending on coach availability.

HOW TO REGISTER: Forms can be found at the Viking Center, online at: <https://www.stantoniowa.com/viking-center/>, or can be emailed out by requesting so from the Viking Center. Registrations and payment can be dropped off at the Viking Center, or Stanton Community School, or sent via mail to: Viking Center, P.O. Box 42, Stanton, IA 51573

COST:
VC Members: FREE
Non-Members: \$30.00

REGISTRATION DEADLINE:
 Thursday, August 22nd

Contact Us:

712-829-2900 or email: vikingcenter@myfmtc.com
 Be sure to "Like" Stanton Friends on Facebook for any program information or updates!



VIKING CENTER FLAG FOOTBALL 2024
 REGISTRATIONS DUE THURSDAY AUGUST 22ND



Participant's Name: _____ Age: _____ Grade: _____

Parent's Name: _____

Parent's Phone: _____ Parent's Email: _____

Please check the appropriate payment option-

____ VC Family Membership (Free) ____ Non-Member (\$30)

Shirts are provided IF NEEDED as part of the Purple Sponsorships!



CHECKS CAN BE MADE OUT
 TO STANTON VIKING CENTER

T-Shirt Size (IF NEEDED): YS YM YL AS AM AL Other _____

****, _____, would like to help with coaching for the Viking Center Flag Football Program.

Consent Agreement

By signing this Consent Agreement, you acknowledge, accept, and agree to the following

- My child has permission to participate in events, and sessions
- My child is voluntarily participating in athletics and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS AND I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

I hereby certify that my child(s) _____ is (are) healthy and free of problems that would affect him/her from participating in the Viking Center's Youth Flag Football Program. In the event of injury, I wish to be contacted at the number listed above. If I am not able to be reached the emergency contact phone number will be called. In the event of an injury or illness, I understand that the Stanton Viking Center, and/or staff will not be liable for any costs or charges associated with injury or illness, I will be responsible.

Signature of Parent/ Guardian _____ Date _____