YOUTH FLAG FOOTBALL

WHO: Boys and girls entering 1st-6th Grade
*Teams will be split into one team of 1st and 2nd grade participants and a one team of 3rd-6th grade participants.

WHEN: Practices held on Tuesday's and Thursdays, starting Tuesday, September 3rd at Danny Anderson Field (Little League Field). Games will be held on Saturday mornings and possibly a Sunday afternoon, depending on opponent. The season will last through mid-October (6 weeks), depending on the number of games scheduled.

WHERE: Games and practices will be held at Danny Anderson Field. Away games will be indicated on the schedule on place and time.

COST:
VC Members: FREE
Non-Members: $30.00
*T-shirt not included in price-see below

REGISTRATION DEADLINE:
Monday, August 26th

TIME: Practices will be from 5:00pm-6:15pm; Games TBD
*Subject to change throughout the season, coaches will contact with any changes.

HOW TO REGISTER: Forms can be found at the Viking Center or on the VC website: www.stantonvikingcenter.com Registrations and payment can be dropped off at the Viking Center or sent via mail to: Viking Center, P.O. Box 42, Stanton, IA 51573

- The t-shirts will be the same "Lil' Vikes Sports" shirts as previously used for game days.
- Details on the game schedule are TBD.
- Participants will have the opportunity to play at halftime of the varsity home game on a date TBD.

Questions? Contact the Viking Center at: 712-829-2900 or email: vikingcenter@myfmtc.com
Be sure to visit our website at: www.stantonvikingcenter.com and/or "Like" Stanton Friends on Facebook for any program information or updates!

***Please note: Registrations will not be accepted without payment. A late fee may be applied to late registrations.*

VIKING CENTER FLAG FOOTBALL 2019
REGISTRATIONS DUE MONDAY, AUGUST 26TH

Participant's Name: _____Age: _____Grade: _____

Parent's Name: _____

Parent's Phone: _____Parent's Email: _____

Please check the appropriate age/payment option:

_____ VC Member (Free) _____ Non-Member ($30) _____T-Shirt ($15) *If Needed

T-Shirt Size: YS YM YL AS AM AL Other: _____

CHECKS PAYABLE TO:
Viking Center

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

Release of Liability:

I, _____, parent of _____, give my permission for her to participate in the Viking Center Youth Volleyball Camp 2019. My signature indicates that I waive the Viking Center Youth Sports program, the Viking Center and any coaches and volunteers from all responsibility of any injury that may occur.

FOR OFFICE USE ONLY:

Cash -OR- Check Total:$ _____Rect. #: _____ Date:_____Date Paid:_____