

# THE BROWNSON HOUSE

1415 JEFFERSON AVE. – Washington, PA 15301

Phone: 724-222-1440 – FAX: 724-222-7540

[www.brownsonhouse.org](http://www.brownsonhouse.org) – brownsonhouse1@yahoo.com

## 2020 SPRING YOUTH FLAG FOOTBALL

All age groups are Co-Ed (6-8, 9-11, and 12-14)



Games are scheduled to start late March at the VCN Sportsplex.

Practices will start March 7<sup>th</sup> at the Brownson House

**\$90.00 per player / \$70.00\*\***

\*\*If you have your red & white reversible jersey from our previous Flag Football Leagues\*\*

**No refunds unless league is cancelled!**



### THREE WAYS TO REGISTER

**REGISTER IN PERSON** on Saturday, February 1<sup>st</sup> and Saturday, February 8<sup>th</sup> from 1-3 PM at the Brownson House Red Brick Building at 1415 Jefferson Ave.

**REGISTER BY MAIL** send the registration form below in the mail to the address above.

**REGISTER ONLINE** at [www.brownsonhouse.org](http://www.brownsonhouse.org), payment can be made online or mail a check to the address above. (Make check payable to the Brownson House Inc.)

DEADLINE TO REGISTER & PAY: Friday, February 21<sup>st</sup>, 2020

***Registration is only valid if payment is included***

Games will be played thru the week and on the weekends

### **PLAYER REGISTRATION FORM**

Player Name \_\_\_\_\_ Age Group \_\_\_\_\_ Birth Date \_\_\_\_\_

School District \_\_\_\_\_ Shirt Size YM YL AS AM AL AXL

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

My son/daughter has my permission to participate in the youth flag football league, during the time his group is scheduled. I will not hold any adult advisor or anyone responsible for any injury or illness that might occur during practice sessions, games or in transit. I agree to indemnify and save harmless the Vernon C. Neal Sportsplex and Brownson House from any and all liability or damages they may be required to pay for my child. I certify my son/daughter has been examined and is physically fit to participate.

Does the child have hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Would like to request a certain coach** \_\_\_\_\_

**Would like to play on the same team as** \_\_\_\_\_

The Brownson House is a non-profit charitable organization providing recreation, education, and character development services in Washington, Pennsylvania.