2026 Youth Flag Football Registration Form

Mt. Vernon Parks & Recreation Department

Please fill out this form and return to the Parks & Recreation Department Office,
716 Locust Street (Hedges Elem. Entrance #8) or mail to P. O. Box 324, Mt. Vernon, Indiana 47620.
Office hours are Monday – Friday, 8 a.m. - 5 p.m. (Online sign ups available, check Facebook)

All registrations are due by **Friday, August 14 at 5 p.m**.
If we have enough coaches, teams should be selected by 8/24
League play will begin 9/9
Online Registration available via our Facebook Page!

Grades K-4th $35 per participant, additional child in family $20.

Name _____ Grade _____

Address _____ Gender_____

(Main) Phone _____ D.O.B. _____ Age _____

Email_____ School _____

T-shirt size (circle one): YS YM YL (Youth Sizes) S M L XL (Adult Sizes)

PARENT/GUARDIAN PERMISSION:

(Both parents or guardians must sign this permission form. If only one parent/guardian is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: Youth Flag Football Program.

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the City of Mt. Vernon, Mt. Vernon Parks Board, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I understand that in the event of injury that We/I are responsible for any & all medical expenses related to an injury while participating in this program/event. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved

_____ _____ _____
Date Parent/Guardian Signature Printed Name

_____ _____ _____
Date Parent/Guardian Signature Printed Name

Phone #'s main)_____ work)_____ emergency)_____

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have.

We need coaches!

Will you please: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL

Comments:

_____

All weather updates will be posted on -- **www.facebook.com/MVParksandRec**

Rec. # _____ Date Rec'd _____ By _____