

2015-16 YOUTH FLAG FOOTBALL REGISTRATION

NEW SMYRNA BEACH SPORTS COMPLEX



Age Groups & Evaluation Dates

<u>League</u>	<u>Age As Of 9/1/15</u>	<u>Evaluation & Draft at Multipurpose Field</u>
Prep	5, 6 & 7	Do not have evaluations - Coaches will call
Minor	8, 9 & 10	Wednesday, November 11 th @ 6:00 P.M.
Junior	11 & 12	Tuesday, November 10 th @ 6:00 P.M.
Senior	13-16	Monday, November 9 th @ 6:00 P.M.

Fees:

Fee: \$60.00
 User Fee: \$8.00 for Non-Residents
 Late Fee: \$5.00 for any registration accepted after the deadline.

Register online at www.nsbpnr.com or in person at Recreation Office at 1000 Live Oak St. between 8:00 A.M. & 5:00 P.M., Monday through Friday. Phone #: 424-2175/Fax 424-2177. Please make checks payable to: **City Of New Smyrna Beach.**

For more information call 424-2271

Uniforms include a jersey only. Players must provide shorts without pockets

IMPORTANT DATES - 2015

REGISTRATION DEADLINE: Friday, November 6, 2015

ABSOLUTELY NO REGISTRATIONS WILL BE TAKEN AT THE DRAFT!

COACH'S APPLICATION: Anyone wishing to coach or assist must fill out the coach's application form. If you have not filled out one in the last year, you must fill out another one before the draft.

COACH'S MEETING: **MANDATORY MEETING** - Thursday, November 12th at 6:30PM in Maintenance Building at Sports Complex.

Opening Day: December 12th, 2015

The Volusia County School Board is not affiliated with this event in any manner, nor do they endorse or assume any responsibility for any activities, which may occur in connection with it.

Please fill out the following registration form and bring it along with a copy of your child's birth certificate and registration fee to the New Smyrna Beach Recreation office.

No registration will be taken without a birth certificate.

-----NEW SMYRNA BEACH SPORTS COMPLEX -----
 2015-2016 Flag Football Registration Form

Child's Name _____ Birth Date _____ M ____ F ____

Parents/ Guardians _____ Age as of 9/1/2015 _____

Address _____ Home Phone _____

City & Zip _____ Other Phone _____

E-Mail Address _____ Specify League _____

PLEASE READ AND SIGN BELOW

I wish for the above minor to be allowed to participate in or be a spectator at recreational or sports activities sponsored by the Sports Complex & Recreation Department of the City of New Smyrna Beach. I understand that the City does not carry medical insurance coverage for any spectator or participant nor will it be liable for any injury suffered by (him/her). I further agree to release and hold harmless the City from any liability for its negligence or negligent acts or omissions in connection with the programs. I, therefore, also agree that if (he/she) is allowed to participate in or be a spectator at said activities, and if I wish medical insurance coverage, it will be my obligation to provide it, and that neither I, nor my personal representative, will make any claim against the City, its agents or employees, for any injury or death sustained by him/her in connection with the program.

 Parent/Guardian Signature Date Birth Certificate: _____

Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

* ADDITIONAL COMMENTS AND/ OR CONCERNS (Special Requests will be honored in Prep only):