

League use only:

signed

payment

age div

date/time



## 2024 LSAA FLAG FOOTBALL REGISTRATION FORM

Isaafllagfootball@gmail.com



### PLAYER INFORMATION- One form per player (payment can be combined)

PLAYER NAME: Male  Female

Address:

City: Zip code:

Date of Birth: Age as of 3/1/2024: Age Division (Circle): 7/9 10/12 13/15 16/17

Jersey size (circle one): **Youth-** small medium large XL **Adult-** medium large XL 2XL

Other sports playing March thru June 2024:

Are you able to Coach? (circle one) Head Coach Assistant Coach Other LSAA sports coached

**\*\*\*Please supply only one (1) competent contact phone # and email address below\*\*\***  
Additional contacts can be added after the draft once your coach contacts you.

Draft notice contact phone# Draft notice email address

#### Drafting/Team Selection Process

**WE CANNOT AND WILL NOT ACKNOWLEDGE REQUESTS FOR PUTTING PLAYERS ON THE SAME TEAM OTHER THAN SIBLINGS WITHIN THE SAME AGE DIVISION. \*\*NO EXCEPTIONS\*\***

OUR DRAFT IS BASED OFF THE COACHES EVALUATION OF ALL THE PLAYERS RUNNING, PASSING, AND RECEIVING WITHIN THEIR RESPECTIVE AGE DIVISION. THIS PROCESS IS IN PLACE TO ENSURE THERE IS AN EVEN BALANCE OF TALENT ON EACH TEAM AND TO PREVENT "STACKING". THE TEAMS ARE CHOSEN BY THE COACHES IMMEDIATELY FOLLOWING THE EVALS AND THEY WILL CONTACT YOU SHORTLY THEREAFTER.

Registration Cost is **\$110 per player** All payments are **NON REFUNDABLE**

There is a cap of available player positions per age group. Do not hesitate to get your registration/payment in ASAP. A short waiting list will be created for those that do not make the cut.

Please make checks payable to: LSAA FLAG FOOTBALL

**Mail in only**- Send completed/signed Registration with Check/M.O. to:  
**532 E. Pine Street. Feasterville, PA 19053**

#### **HOLD HARMLESS WAIVER**

I, the parent/guardian of the registrant, a minor, will abide by the rules of LSAA and Lower Southampton Township, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the program, I hereby release, discharge, and/or otherwise indemnify LSAA and Lower Southampton Township, their affiliated organization and sponsors, their employees and associated personnel, including owners of the field and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrants participation in the Program, and/or being transported to or from the same, which transportation I hereby authorize.

Parent/guardian Print Name:

Signature:

If you have a son/daughter that has played in this league, is interested in being a referee, and is at least 14 years or older Please check the box