



Brockville Boom Flag 7on7 Football

Skills/Drills Pre-Season Program Application

U8-U16

Cost of Program: \$100.00 + tax

Dates: Monday Feb 5th, 12th, 26th and Monday March 4th from 6-7pm

This registration is for pre-season skills and drills and is not registration for the flag season that begins in April. This pre-season program will introduce flag football and teach the basics of throwing, running and catching. We will also introduce offensive and defensive concepts to build a basic understanding before the seasons begin. Sessions will be led by Zach Benson a former USPORT football player.

Flag season registration will open Monday, February 26.

Location: 4Life Fitness (50 King Street East, Brockville, ON.)

1. CHOOSE A PRE-SEASON PROGRAM

• Circle the program you wish to register for. Registering for a pre-season camp will get you access to 4Life Fitness member prices on the flag season and for future programs.

1. U8 (Birth Years 2017 & 2018)
2. U10 (Birth Years 2015 & 2016)
3. U12 (Birth Years 2013 & 2014)
4. U14 (Birth Years 2011 & 2012)
5. U16 (Birth Years 2008 & 2009 & 2010)

2. ATHLETE AND PRIMARY CONTACT INFORMATION

Athlete Name: _____ Date of Birth: _____ Age: _____ Grade: _____
Current School: _____ Current Club (as applicable): _____
Primary Position: _____ Height: _____ Weight: _____
T-Shirt Size (circle one): **Youth:** SM MED LG or **Adult:** SM MED LG XL
Name of Parent/Guardian/Primary Contact: _____
Parent or Guardian 1: _____
Parent or Guardian 2: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____
Preferred method of contact: **circle one)** Home Phone Cell Phone Email



3. EMERGENCY CONTACTS (please provide two additional persons, separate from the parent/guardian listed above)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. EXPERIENCE

Please briefly describe football/training related experience.

4. SAFETY INFORMATION

Please list any medical conditions or special needs that the coaches should be aware of.

5. EMERGENCY AUTHORIZATION

I, the athlete and the undersigned parent or guardian of the above-named individual, acknowledge that participation in the 4Life Fitness program involves risk of physical injury. By signing this waiver form, we hereby agree that 4Life Fitness will not be responsible for any injury the player may sustain during participation of training and/or games/events. In doing so, I hereby release claims, actions legal or otherwise, demands, compensation, expenses, for damages to self or property that may arise in connection with services received from 4Life Fitness training program and/or its associated coaches, sponsors and volunteers.

I give my permission for free use of my child's name and picture in any/all media or written accounts of any game and or events related to Brockville Boom Flag Football.

Athlete Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____