

Are you **9-14** years old and interested in playing Fall Flag Football? Sign up at Driving Park to be a part of the Fall season. The age groups are: **9-11** & **12-14**. These are all **co-ed** teams. Practices will be on Wednesdays & Fridays 5:30pm-7pm and games are every Saturday for six (6) weeks starting September 20st and ending with a Tournament on October 25th. All Games will be at Driving Park. Feel Free to call us for questions.



2014
DRIVING PARK FALL FLAG-FOOTBALL
 1100 Rhoads Avenue
 Columbus, OH 43206
 (614) 645-3228
 www.Columbusrecandparks.gov



Registration Week:
September 9th Through September 16th
Season Starts:
Week of September 20th

Practice will be Wednesday-Fridays 5:30pm-7:30pm
Games will be on Saturdays From 1pm-5pm

*** Register in person at Driving Park during normal business hours.**
This program will cost \$10

COLUMBUS RECREATION AND PARKS
 PARENTAL PERMISSION FORM



I, _____, my son / daughter, _____
 (Print Parent or Guardian's Name) (Print Child's Name)
 to participate with Staff, and the children from Driving Park
 Recreation Leader Recreation Center / Playground
 in ALL Fall Activities 2014 to be held at CRPD Designated Location (s)
 (Activity) (Place)
 on ALL Fall 2014 from 9:00 (A.M. / P.M.) to 5:00 (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree **not** to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity.

 (Signature of Parent or Guardian) (Date)

 (Telephone Number) (Emergency Contact Number)

COLUMBUS RECREATION AND PARKS DEPARTMENT
 FLAG FOOTBALL REGISTRATION INFORMATION FORM
Driving Park Recreation

Date: _____
 Last Name: _____ First Name: _____ M.I. _____
 Address: _____ Apt. No.: _____
 City: _____ State: _____ Zip Code: _____ Home Telephone: _____
 Birth Date: ____/____/____ Age : _____ Other Telephone: _____
 Emergency Contact Name: _____ Emergency. Contact Telephone No.(s): _____
 Email Address: _____
 Emergency Medical Info. (allergies, diabetes, etc): _____

I agree **not** to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program /activity.

(Parent or Guardian) Signature _____

AGE DIVISIONS: (9-11) (12-14) SHIRT SIZES: YS YM YL AS AM AL AXL AXXL