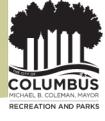


Are you 9-14 years old and interested in playing Fall Flag Football? Sign up for Driving Park at Moler E.S. (1201 Moler Rd. Col, Oh 43207) to be a part of the Fall season. The age groups are: 9-11 & 12-14. These are all co-ed teams. Practices will be on Wednesdays & Fridays 5:30pm-7pm and games are every Saturday for six (6) weeks starting September 19th and ending with a Tournament on October 31st. All Games will be at Driving Park. Feel Free to call us for questions.

**2015**  
**DRIVING PARK FALL FLAG-FOOTBALL**  
 1100 Rhoads Avenue  
 Columbus, OH 43206  
 (614) 645-3228  
[www.Columbusrecandparks.gov](http://www.Columbusrecandparks.gov)




**Registration Week:**  
September 1st Through September 4th  
**Season Starts:**  
Week of September 19th



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

**\* Register in person at Moler E.S. 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 2015 to be held at CRPD Designated Location (s)  
 (Activity) (Place)  
 on ALL Fall 2015 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**