

Flag Football



Players will learn the basic fundamentals of offense and defense, and will be introduced to speed and agility training. Jump Start Sports staff will officiate and supervise all games to ensure equal playing time, a rotation of players in various positions, and they will help teach within the context of the game.

Saturdays, 1:30pm–3:00pm
Session 1—Jan 16—Feb 20
Session 2—Mar 13—Apr 17

Games played at
Paul L. David Athletic Training Ctr.
1 Paul Brown Dr. SE, Massillon, OH

Ages 6–12
\$60 per session
Includes:
Replica NFL Jersey

For further information,
contact Rick Hart at
330-656-0090 or via e-mail at
RHart@JumpStartSports.com.



REGISTER ONLINE AT WWW.JUMPSTARTSPORTS.COM
OR MAIL THIS FORM MASSILLON RECREATION CENTER

Massillon Flag Football Registration Form – Late Fall, 2009

Session: January/February _____ March/April _____ Both _____

Participant's Name _____ Boy/Girl _____ DOB _____

Address _____

Parents'/Guardians' Names _____

Home Phone _____ Cell Phone _____ Cellular Provider _____

E-Mail _____

List any allergies or medical conditions of which we should be aware of _____

Please indicate if you want to be: _____ Head Coach _____ Assistant Coach

I hereby allow my child to participate upon my own initiative and application and assume all risks of his or her participation in the Flag Football Program and in consideration of his/her participation in said program, do hereby waive and release all claims arising as a result of personal injuries or property loss during such program against Richard A. Hart, Jump Start Sports, LLC and its officers, agents, employees and program coaches; the City of Massillon and its officers, agents, and employees; City of Massillon and its officers, agents, and employees and further hereby agree that no suit of action of law shall be instituted for the above reason by me or others. If a parent or guardian is not present, I furthermore authorize the program staff, in the event of illness or injury, to administer emergency care and to arrange for any emergency medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and/or other medical personnel to furnish medical care, using the above guidelines, while my son/daughter is participating in the Flag Football Program. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian Signature _____

Date _____

Please make checks payable to the City of Massillon and mail to

MASSILLON RECREATION CENTER
505 Erie Street North, Massillon, Ohio 44646