



Fall Youth Flag Football

Brought to you by Jump Start Sports & Massillon Parks & Recreation Department

This terrific program for children in grades K-4 that combines quality instruction, conditioning and game play to provide players of all experience and skill levels a format in which they will improve while having fun. Players will be separated into small groups based on their age, experience, and ability and will be coached at their level of understanding. Players will learn the fundamentals of offense and defense and play fun, low-competition games to apply their new skills. Players will also be introduced to speed & agility training.

All instruction will be conducted by Jump Start Sports staff coaches to ensure that all players receive the same instruction in practices and in the context of the game, equal playing time and equal rotation through all positions. Parent coaches can assist in the instruction.



When: Saturdays, September 17-October 22, 12:30-2:00 pm

Where: Community Park 2200 Finerock Rd SW, Massillon

Fee: \$60 – includes a team t-shirt
OR \$50 when you register online at <http://www.jumpstartsports.com>

Register by Wednesday, September 14!

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

Massillon Fall Youth Flag Football Registration Form

Participants' Name: _____ Boy/Girl _____ DOB _____

Address (include city and zip code): _____

Parents'/Guardians' Names: _____

Home Phone: _____ Work Phone: _____

Cellular/Other: _____ E-Mail: _____

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

I hereby allow my child to participate upon my own initiative and application and assume all risks of his or her participation in the Listed 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; 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 Listed 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 CITY OF MASSILLON and mail to:

**Massillon Recreation Center
505 Erie Street North, Massillon, OH 44646**