



2020 Fort Madison Youth Flag Football League



1-2 Grade
\$25.00/Player

3-4 Grade
\$30.00/Player

5-6 Grade
\$30.00/Player

LEAGUE INFORMATION

Players will be placed on their individual teams once the registration deadline has passed, and your coaches will contact you with practice times, game schedules, etc. New this year, the Fort Madison High School players/staff will provide coaching for all Fort Madison teams. Games will be played on Sunday afternoons beginning on September 20th at Baxter Sports Complex, located at 909 48th Street in Fort Madison.

For more information please visit Fort Madison Football Inc. on Facebook, or on our website at www.bloodhoundfootball.com. Information is also at www.baxtersportscomplex.com.

Contact: Jeff Woodside	319-372-2932	(BaxterSportsDirector@gmail.com)
Tony Johnson	319-470-3402	(tony@johnsontruckline.com)
Derek Doherty	319-470-6093	(Derek.doherty@fmcsd.com)
Patrick Lamb	319-470-5896	(patrickjlamb@hotmail.com)

REGISTRATION FORM

Registration Deadline: Friday, August 28th

PLAYER INFORMATION

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Birth Date: _____ Grade: _____ School: _____

Shirt Size: Youth S (6-8) Youth M (10-12) Youth L (14-16) Youth XL (18-20)

Adult S Adult M Adult L Adult XL

PARENT/GUARDIAN INFORMATION

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

I _____, being of sound mind and health, understand that with any sport or activity comes an inherent risk of injury, and that protective equipment does not prevent all injuries to players. With this in mind, I give permission for the above named child to participate in all league activities. Furthermore, I do hereby waive, release, absolve, indemnify, and agree to hold harmless Fort Madison Football Inc., Baxter Sports Complex, and the organizer, sponsors, and/or supervisors, from any claim arising out of any injury to my child. I also understand that all equipment issued to my child is property of Fort Madison Football Inc., and that I am responsible for the equipment in the event that it is intentionally damaged or lost.

Signature: _____ Date: _____

Please Mail Check to:
Fort Madison Football Inc.
P.O. Box 432
Fort Madison, IA 52627