



2012 WARWICK SPRING FLAG FOOTBALL LEAGUE

FOR: College Division – Boys in grades 3-4 (1-2pm)

AFC Division – Boys in grades 5-6 (2-3pm)

NFC Division - Boys in grades 7-8 (3-4pm)

*Arena League- Boys in grades 9-10 (3-4pm)*must have minimum of 40 signups or checks will be voided and we will not have this level*

PLAYING DATES: (4 games)

Sunday, April 1st

Sunday, April 8th Easter- No games

Sunday, April 15th

Sunday, April 22nd

Sunday, April 29th

Sunday May 6th (Make up Date)

SPONSOR: Warwick Football Parents Association

FEE: \$25.00 for 1st child and \$15 for each additional child in family-includes cost of t-shirts

COACHES: Junior/Senior High School Players

GENERAL RULES:

The teams will consist of 5-10 players. Flags will be used. All players will be eligible to receive passes. Passes can be thrown anywhere on the field.

FORMAT:

Games will be played at Middle Schools fields on Sunday afternoons. Boys will practice ½ hour before their games. Each game will last approximately 1 hr.

For further information contact:

Coach Resch at 627-4481 or bobr@bombergersstore.com

Coach Kernisky at 653-2344

Coaches will give out T-shirts on first Sunday.

PLEASE KEEP THIS HANDOUT

Sign up sheet also available on:

www.eteamz.active.com/wfpa

www.Bombergers.com

SIGN UP DEADLINE FRI MARCH 9TH
SPRING FLAG FOOTBALL LEAGUE INFORMATION SHEET

Name: _____

Age: _____ Grade: _____ School _____

Email _____ (REQUIRED)

Please write email address legibly, Make sure for example 1(numeric) and l(alpha) are written so they can be understood

Address: _____ Phone: _____

T-Shirt Size(circle 1) Child size: L Adult S M L XL XXL

1st Emergency Contact- Name _____ Phone# _____

2nd Emergency Contact- Name _____ Phone# _____

INSURANCE COVERAGE

_____ is fully covered by

Name _____ Policy# _____

Medical Concerns- asthma, bee allergies etc? _____

Guardian Signature _____

Make checks payable to WFPA(Warwick Football Parents Association)
\$25 for 1st child, \$15 for each additional child.

Checks Payable to: Coach Resch
Mail w this form 310 Millway Rd
To: Lititz, Pa 17543

If you have a medical background and would be willing to help in an emergency please put your name, medical profession and a contact number that you can be reached on during the Sunday games that you will be attending.- thanks

Name _____ Profession _____ Phone _____