

RMU Island Sports Center
Youth Indoor Flag Football
Wednesdays March 21-April 25
VETERAN PLAYER INFORMATION



It's Wednesday Night Football directed by coach Dave Gray of Champions Youth Fitness. Flags and equipment will be provided. Players will receive a jersey with the number of their choice, learn team work, the rules of the game, build confidence and self esteem and develop skills on and off the field.

COST/DISCOUNTS:

\$85 per player
\$25 reversible jersey

Multiple Child Discount:
(2+ children in the same household)
Complete two forms for each child
\$75 per child

Referral Program:

Bring a **NEW** Player(s) to receive a discount. **The new player(s) must register and pay as a new player in order to get the discount.** Please give them the attached new player registration page with your name on it.

Bring in 1 player-Save \$10
Bring in 2+ players- Save \$25

Age Brackets and Times:

(Time and divisions are subject to change)
Little Colonials: 6-7 year olds 7:00pm -7:45pm
Revolution: 8-9 year olds 7:45pm -8:30 pm
Militia: 10-13 year olds 8:30pm -9:15pm

Last night of the session parents, friends and family are invited to watch the Bowl Games.
[Colonial Bowl](#)
[Freedom Bowl](#)
[Liberty Bowl](#)

Mail completed form and waiver and payment to:

RMU Island Sports Center
Attn: Flag Football
7600 Grand Avenue
Pittsburgh, PA 15225

Questions please call Heidi at 412-397-4480 or email at Wiedenhoferh@rmuislandsports.org

VETERAN Flag Football 2012 Spring Registration Form

Registration will begin on December 1, 2011

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail _____

Age/Division _____

Jersey Size (YS-AXL): _____ Jersey #: _____

Jerseys run small in size, so go up a size

METHOD OF PAYMENT:

- \$85/per player
 \$75/ per child for multiple child discount
 \$75/\$60 per player for referral

Referral Name: _____

Email: _____

Phone Number: _____

Referral Name: _____

Email: _____

Phone Number: _____

- Check (payable to RMU Island Sports Center)
 Credit (Visa/MC/Discover)

Card member's Name (printed)

Credit Card Number

Expiration Date

Card member's Signature

PLEASE READ THIS CAREFULLY!
RMU ISLAND SPORTS CENTER WAIVER AND RELEASE OF LIABILITY
PARENTAL CONSENT (FOR PLAYERS UNDER THE AGE OF 18)

I, THE UNDERSIGNED ACKNOWLEDGE THE INHERENT RISKS INVOLVED IN BASEBALL AND ALL ACTIVITIES RELATING THERETO. ACCORDINGLY, IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY BASEBALL ACTIVITY AND/OR ACTIVITIES AT RMU ISLAND SPORTS CENTER, I AGREE TO THE FOLLOWING:

1.I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, WHICH MAY INCLUDE PERMANENT DISABILITY AND EVEN DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM MY ACTIONS, BUT ALSO FROM THE ACTION, INACTION, OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES, OR ANY EQUIPMENT USED AND FURTHER THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE. 2.I AGREE THAT PRIOR TO PARTICIPATING IN ANY ACTIVITY AT RMU ISLAND SPORTS CENTER, I WILL INSPECT THE COMPETITION AREA AND ALL EQUIPMENT TO BE USED, AND IF, THROUGH MY INSPECTION, I DETERMINE THAT ANYTHING RELATED TO THAT ACTIVITY IS UNSAFE, I WILL IMMEDIATELY ADVISE MY COACH OR AN OFFICIAL OF RMU ISLAND SPORTS CENTER OF THIS UNSAFE CONDITION AND WILL NOT PARTICIPATE UNTIL THIS CONDITION IS CORRECTED. 3.I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH. 4.I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE RMU ISLAND SPORTS CENTER AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASES") FROM DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASES OR ANY OTHER PARTY'S ACTIONS, INACTIONS, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY ACTIONS. I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HAVE READ THE ABOVE WAIVER AND RELEASE AND AGREE TO ITS TERMS ON BEHALF OF MY CHILD AND MYSELF. I UNDERSTAND THAT BY SIGNING BELOW I AM GIVING UP SUBSTANTIAL RIGHTS ON BEHALF OF MY CHILD AND MYSELF.

SIGNATURE _____ DATE _____