

**PITT COUNTY
COMMUNITY SCHOOLS
& RECREATION**

**GIRLS FLAG
FOOTBALL**

OCTOBER 21 - NOVEMBER 16, 2024

WEEKNIGHTS & SATURDAYS

ALICE F. KEENE DISTRICT PARK

\$40.00

JOIN US FOR
THE ALL
NEW AND
EXCITING
PROGRAM

4561 COUNTY HOME RD,
GREENVILLE, NC 27858

INFO AND PROGRAM
DETAILS (252) -902 -1975 OR
WWW.PITTCSSR.COM

REGISTRATION FORM ON
THE BACK.



GIRLS FLAG FOOTBALL

252-902-1975

PITT COUNTY COMMUNITY SCHOOLS &
RECREATION

WWW.PITTCSR.
COM

FALL 2024 GIRLS FLAG FOOTBALL REGISTRATION FORM

FEE: \$40.00

DEADLINE: 10/08/2024

DATES: 10/21/2024 - 11/16/2024

LOCATION: ALICE F KEENE DISTRICT PARK

SELECT GRADE TO PLAY: 5TH - 6TH OR 7TH - 8TH

Name :

Date Of Birth : Age : Gender : Male Female
D D M M Y Y

Full Address :

City / Country : State : Zip code :

E-Mail :

Phone # 1 : Phone # 2 :

| AMOUNT | CIRCLE SHIRT SIZE (Y = YOUTH) |
|-----------------------|-------------------------------|
| \$40.00 PER PERSON | Y SMALL / Y MEDIUM / Y LARGE |
| AMOUNT PAID \$: _____ | A SMALL / A MEDIUM / A LARGE |
| • CASH | A XL / A 2XL / A 3XL |
| • CREDIT | |
| TXN # _____ | |

By participating in the PCCSR recreational programs, I agree to follow guidelines set forth by School Board Policy. While I realize that all precautions will be taken to guard my child from injury, I will not hold the Pitt County Board of Education, PCCSR or program staff responsible for accidents that may occur. I recognize and understand that participation in recreation programs may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical conditions. I warrant and represent that my child is in good physical health and condition and is able to participate in this program. Occasionally we may take photographs of the children in our program. We may use these images in printed publications or on our website. We will not release any personal details or names in our publications or website. I hereby

___ GIVE ___ DO NOT GIVE my consent for my child to be photographed for reasons stated above.

___ Yes ___ No Are there any special circumstances we should be aware of while participating in our programs?

If yes, please Explain _____

Signature of Parent or Guardian (by signing I am also affirming I have read the registration form and code of conduct)

Signature

Date