

# FLAG FOOTBALL

This program will focus on individual player development as participants learn the skills and rules of the game. They will also play very low key games. Each day will focus on a topic that builds on the previous topic. No special equipment needed. This program is run by Revolutionary Sports staff. *\*Resident rate applies to New Hope, Crystal, Golden Valley, Robbinsdale and St. Louis Park.*

## Sundays, September 27-October 25

- 110701-A3 KinderStars, Ages 4-6  
2:45-3:30 p.m.
- 110701-B3 MiniStars ages 5-7  
3:30-4:15 p.m.
- 110701-C3 MightyStars ages 6-9  
4:15-5 p.m.



**Location:** Robbinsdale Middle School turf  
3730 Toledo Ave N, Robbinsdale

**Fee:** \$55 Residents\*  
\$62 Nonresidents

**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of illness or injury, refunds will be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. *Phone registrations accepted with a major credit card.*

Register Online at [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

Questions? Call 763-531-5151

 [facebook.com/newhoperecreation](https://facebook.com/newhoperecreation)

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### 2020 Flag Football

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Does participant have a special need? \_\_\_\_\_ Email \_\_\_\_\_

Course \_\_\_\_\_ Dates \_\_\_\_\_ Times \_\_\_\_\_

*I, the undersigned parent or guardian, authorize the sponsoring cities to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_