



**CITY OF WACO PARKS
& RECREATION**

Youth **FLAG FOOTBALL LEAGUE**

Registration: \$50
MAY 12-JUNE 27

Late Registration: \$60
JUNE 30-JULY 11

DRAFT DAY:
SATURDAY JULY 19 @9AM
COACHES MEETING:
SATURDAY JULY 19 @11AM
**LOCATION: DORIS MILLER
FIELD**

LEAGUE STARTS
AUGUST 2ND, 2025
AGES: 5 - 18
MINIMUM 8 GAMES+ PLAYOFFS

GAME LOCATION: CITY OF WACO ATHLETIC FIELDS

WACO PARKS AND RECREATION ATHLETICS OFFICE
3113 CLAY AVE. WACO, TEXAS 76711
OFFICE HOURS: MONDAY- FRIDAY 8:30 AM- 4:30PM
OFFICE PHONE: (254) 750-5875
EMAIL: ATHLETICS@WACOTX.GOV
WEBSITE: TEAMSIDELINE.COM/WACO





**2025 YOUTH FLAG FOOTBALL PROGRAM
PARENTAL CONSENT AND RELEASE**

Child's Name (Legal): _____ Date of Birth: _____

Division of Play (circle one): **Boys | Girls | Co-Ed** (circle one): **5v5 | 7v7**

Child's Gender: Male / Female

Shirt Size (circle one): **YOUTH-** S M L **ADULT-** S ML XL 2XL3XL 4XL

Parent(s)/Legal Guardian(s) Name(s): _____

Address: _____ City: _____ Zip Code: _____

Telephone Number(s): _____ Email: _____

I, the undersigned, hereby release and hold harmless the City of Waco, Texas, its officers and employees, from any and all liability in connection with the 2025 Flag Football League which will be held at City of Waco athletic fields and the State of Texas.

This is to release the City of Waco, Texas, its officers and employees from any responsibility for any loss, delay, injury or damage with respect to the above-designated minor or his/her property, however arising or caused.

I therefore understand that the City of Waco, Texas has acted as an agent for me the undersigned in providing equipment and training for the above-designated minor in conjunction with the above-stated program/activity, and that the City of Waco is not to be held responsible for any act, error, omission, or incident involving the above-designated minor during the time he/she is participating in the program or activity and that the undersigned hereby discharges the City of Waco, its officers and employees, from any and all future liability which may be caused or arise, whether arising from the negligence of any City of Waco officer or employee or the negligence of any third party, whether or not connected with or contracted with by the City of Waco in connection with the program or activity. By signature herein, I also grant to the City of Waco permission to obtain emergency medical care if necessary.

Signed: _____

(Parent or Legal Guardian)

Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: _____

Relationship: _____

Home/Cell phone: _____ Business phone: _____

Address: _____ City: _____ Zip Code: _____

Doctor's name: _____ Office Phone: _____

Doctor's Address: _____