

## Competitive Middle School Sports League

### **Flag Football**

**Tryouts**  
**August 27<sup>th</sup> & 28<sup>th</sup>**

**7<sup>th</sup> & 8<sup>th</sup> Grade Boys**  
Check-In @School Field  
3:30 -5pm

Registration Fee \$140  
Upon Team Selection

Parent Registration Meeting  
September 3<sup>rd</sup> @ 6pm



### **Practices and/or Games scheduled 2-3 days a week (After-School Fall Season)**

- ✓ **Must Bring Completed Waiver/Application to participate in Tryouts or Cross-Country Training**
- ✓ **NO TRANSPORTATION PROVIDED Games/Meets held at North County Middle Schools & Parks**
- ✓ **Competitive League – Playing time is not guaranteed**
- ✓ **Athletes are required to maintain a minimum GPA of 2.0 to participate**
- ✓ **If your player makes the team they will receive a player packet that must be turned in at the Mandatory Parent Registration Meeting**
- ✓ **DO NOT TURN IN REGISTRATION PACKET & FEES TO THE COACH**
- ✓ **Online Payment Option for Registration Fees <https://bgcvistaathletics.teamsnapsites.com/>**
- ✓ **Required Parent Meeting Boys & Girls Clubs of Vista 410 W California Ave Vista 92083**  
**All Forms and minimum 50% of Registration Fee will be due at this meeting**

### **TRYOUT / PARTICIPATION APPLICATION** *Please return this portion to the coach*

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Ph. \_\_\_\_\_ Birth Date \_\_\_\_\_

Email: \_\_\_\_\_

### **WAIVER**

I give my child permission to participate in the Boys & Girls Club of Vista tryouts for the after-school sports program. I release the Boys & Girls Club of Vista and Boys & Girls Club of America of any responsibility for injury, accident or loss of belongings while my child is participating. I give permission for a licensed physician to perform any medical service deemed necessary in the event that I cannot be reached. I give permission for a Boys & Girls Club of Vista representative to transport my child in said case, when deemed necessary. I permit the Boys & Girls Club of Vista to utilize photographs of my child taken during his/her involvement in Boys & Girls Club of Vista programs and hereby waive all rights of compensation. I authorize the VUSD to provide my child's GPA information to the Boys & Girls Club of Vista for the purpose of verifying eligibility.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

For more information, contact our Athletic Director Hector Prado [Hector@bgcvista.com](mailto:Hector@bgcvista.com) or (760) 724-6606 x 25

**This event is not sponsored, supervised, or endorsed by the Vista Unified School District**