IT'S TIME FOR FLAG FOOTBALL

JULY 27-30; AUG 3-6, 2026
6:00PM-7:30PM

JUANITA BUTLER COMMUNITY CENTER

2 BURNS STREET, GREENVILLE, SC 29605

AGES 6-12

SIGN UP FREE!

More information:

Stacey Ashmore

864-467-4099

stacey@justsaysomethingsc.org

JUST SAY SOMETHING

conversations about drugs and alcohol

More information:

Shakir Robinson

864-905-5479

GREENVILLE BOXING CLUB

Youth Impact Sports

Kindergarten - 2nd Grade
3rd - 4th Grade
5th - 6th Grade

Office Use:

Helmet _____
Shoulder Pads _____
Pants _____
Jersey_____

Participant Information & T-shirt Size:

Name: _____

Address: _____

City, State, Zip: _____

Birth Date: _____

School & Grade: _____

Insurance (w/ policy #): _____

Parent(s)/ Guardian(s):

Primary Contact:_____

Father_____
Email: _____
Phone: _____

Mother: _____
Email: _____
Phone: _____

Parent/ GuardianConsent/ Release:

My child is joining Youth Impact Sports Program (YISP) with my consent. I therefore give my consent to YISP to transport my child to events under the sponsorship or guidance of YISP, so that my child may engage in such activities. I agree to return all equipment given to my child by YISP, and further agree to return all equipment clean and in good repair. Further, I agree to obey, as a parent or guardian, and to have my child obey, YISP rules and regulations and I will assist to further the YISP program in any way possible. I understand that, if my child or I do not obey the YISP rules and regulations that my child, or I could be expelled from such program. We, the undersigned, hereby bind ourselves, our heirs, assigns and personal representative to waive and release Youth Impact Sports Program and any and all their agents, officers, coaches, committees, representatives, members and/or member's parents, as well as any other football associations, teams, schools or officials, or team members, against or with whom the participant named below may participating or practicing from any and all claims or rights to damages for injuries or losses suffered directly or indirectly in training, workouts, attendance, participating in or travel from practices or competition. Finally, I understand that concerning my child's transportation, playing or games, practices and other sanctioned YISP activities, if any injury does occur I release and will not hold responsible the YISP, its directors, coaches, or employees from any injury or damage sustained.

I HAVE READ AND AGREE TO THE ABOVE CONSENT/RELEASE.

Parent or Guardian: _____Date: _____
Health Insurance Info: _____
Policy Number: _____