



2024 Cedarburg Dawg's COED Youth Flag Football League
www.cedarburgfootball.com



In partnership with the CHS Football Program

LEAGUES OFFERED: K4/K5* 1st/2nd 3rd/4th

FEE: \$75 (price includes jersey and flags + combine camp for 3rd/4th graders)
****Price after June 7th deadline is \$90****

PRACTICES AND GAMES: *K4/K5 will ONLY be on Saturday's (Saturday, August 17 & Saturday, August 24 practices will be at Prairie View Park from 10:00am-11:00am). 1st/2nd league will practice on **WEDNESDAYS from 5:30pm - 6:30pm** at Prairie View Park, 3rd/4th league will practice on **THURSDAYS from 5:30pm - 6:30pm at Prairie View Park**, and games for all leagues will be played on Saturday's at CHS starting September 7th with start times between 10:00am - 1:00pm.

HOW TO REGISTER: Complete the registration form below, include registration fee & return to the Cedarburg Parks and Recreation Dept. Mail – W63 N645 Washington Ave. PO Box 49 Cedarburg WI 53012 (lost or delayed mail is not the responsibility of the Parks and Recreation Department). Drop Box – located at the south entrance of City Hall (please place in an envelope marked Cedarburg Parks & Recreation). Online registration is also available at www.cedarburgparkandrec.com.

SCHEDULE: (Dates/times/locations are subject to change):

Saturday, August 10th	*3 rd /4 th ONLY Skills Combine*	12:00pm – 1:00pm @ CHS
Wednesdays, August 14 – October 23	Practices <u>(1st/2nd ONLY)</u>	5:30pm – 6:30pm @ Prairie View Park
Thursdays, August 15 – October 24	Practices <u>(3rd/4th ONLY)</u>	5:30pm – 6:30pm @ Prairie View Park
Saturdays, August 17 – August 24 (No 8/31)	Practices <u>(K4-K5)</u>	10:00am – 11:00am @ Prairie View Park
Saturdays, Sept. 7 – October 26	Games <u>(1st-4th)</u>	Between 11:00am – 1:00pm @ CHS
Saturdays, Sept. 7– October 26	Games/Practice <u>(K4-K5)</u>	10:00am – 11:00am @ CHS

CEDARBURG DAWGS COED YOUTH FLAG FOOTBALL REGISTRATION FORM

Parent's Name (Please Print) _____ E-mail _____

Phone (H) _____ (W) _____ Address _____

WILLING TO BE A COACH? YES ___ NO ___ and/or WILLING TO REF? YES ___ NO ___

NAME OF COACH/REF _____ COACHES/REF EMAIL _____

CHILD'S NAME	M/F	GRADE (24/25 School Year)	LEAGUE	BIRTH DATE	AGE	HEIGHT	JERSEY SIZE (YS – AXL)	FEE
								\$75
								\$75
								\$75
								\$75

SPECIAL CONSIDERATIONS (MEDICAL, DISABILITIES, ETC) _____

****NO PLAYER REQUESTS****

PARENT SIGNATURE: _____

For office use only: Fee Paid \$ _____ Date Paid _____ Check # _____ Cash _____