

SOUTHERN MARYLAND DIVAS

Competitive Travel Girls Flag Football

PLAYER INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Grade (2025–2026 School Year): _____

School Name: _____

Jersey Size (Circle One): Youth: S / M / L Adult: S / M / L / XL

Primary Position (if known): _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

EXPERIENCE

Has your child played flag football before? Yes / No

If yes, how many years? _____

Other sports played: _____

COMMITMENT & EXPECTATIONS

_____ I understand this is a competitive travel team.

_____ I understand practices and tournaments are mandatory unless discussed.

_____ I agree to support a positive, team-first environment.

WAIVER & RELEASE

I, the undersigned parent/guardian, give permission for my child to participate in Southern Maryland Divas activities. I understand that participation in sports involves risk of injury and I assume all responsibility for my child. I release Southern Maryland Divas, coaches, and staff from any liability related to participation.

Parent/Guardian Signature: _____

Date: _____

MEDIA RELEASE

I give permission for my child to be photographed/videoed for team promotion (social media, flyers, etc.) Yes / No

Southern Maryland Divas

Email: SouthernMarylandDivas@yahoo.com

Facebook & Instagram: Southern Maryland Divas