



2026 MEGA Flag Football

SPRING SESSION- GIRLS DIVISION

Registration and Fee due by: **Feb 15th** **\$55/individual**

League Games begin week of: **April 1st**

Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609

Refund Fee of \$20 will be charged. \$30 fee on all returned checks

No refunds after March 15th Contact SportZone: 785-267-4658 Register Online www.isportzone.com

This is your application for the 2026 MEGA Flag Football League! The goal of MEGA sports is to emphasize good sportsmanship, quality instruction, and a relaxed atmosphere. Flag Football is open to girls K thru 8th Grade. Games will be played primarily on Saturdays with some weeknight options made available also.

Divisions will be grouped according to individual grade, but divisions will be combined if necessary. Players will be placed on rosters only when his/her application and fee has been received by the office. Please send team and preferred teammate applications in together to ensure placement together. **Volunteer coaches are necessary for this league to be a success.** K-4th Grade will play 5v5. Teams will be guaranteed 4 games minimum possibly up to 6.

Online registration is now available for both individual and team registration. Entire team fee will be due at the time of registration. Coaches are responsible for turning in shirt sizes for the team if registered online.

INDIVIDUAL SIGNUP

Athlete's First Name _____ Last Name _____

M/F _____ Age _____ Grade (25/26) _____ Date of Birth _____/_____/_____

Address _____ City _____ Zip _____

Parents' Names _____ School _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email Address _____

Preferred Teammate _____ Preferred Coach _____

*Parents interested in Coaching Y ___ N ___ Assist ___ **T-Shirt Size: YXS YS YM YL YXL S M L XL**

TEAM SIGNUP- K-8th (5v5) Team Fee- \$375 (no shirts) \$455 (shirts included) Max Roster 12

Team Name _____ Grade Level _____ Division _____ Competitive or Rec _____

Head Coach _____ Email _____

Work Phone _____ Home Phone _____ Cell Phone _____

Assistant Coach _____ Email _____

Work Phone _____ Home Phone _____ Cell Phone _____

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with SportZone and NKFL programs. I release the SportZone and NKFL from any and all liability whatsoever resulting from participation in SportZone and NKFL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone and NKFL, its staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20 administrative fee assessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end of the activities at which time, if not claimed, will be disposed of. I understand returned checks will be assessed a \$30 processing fee. I understand that photographs of all SportZone, NKFL, MEGA activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. By signing this waiver, I understand that SportZone is private property and my admission to the activity I am attending does not allow me to be rude to players, coaches, referees or other fans and if my behavior is deemed out of control, I will be removed from the premises. I acknowledge all information and waivers contained herein.

Parent/Guardian Signature X _____ **Date** _____