**Point Pleasant Challenger Flag Football**

Letter of Commitment:

(2025 Season)

In submitting this letter of intent, I formally express my commitment to The Point Pleasant Challenger Football Program. I acknowledge my understanding of the following:

1. The Point Pleasant Challenger Flag Football Program is designed for children and young adults with special needs to participate in a sport that promotes inclusion. Like any other community-based program, it needs the support and commitment from the parents & players to succeed.
2. As a designated parent or guardian, you are encouraged to attend & participate in all Challenger Parent Team meetings. Emails are sent out when a meeting has been scheduled.
3. A designated parent or guardian must be willing to participate in any volunteer work needed for the program.
4. A designated parent or guardian must be present during all practices and games in which the player is participating.
5. As a designated parent or guardian your willingness to participate in the activities of this program IE: Giants Day, Awards Ceremony, Bikers Lunch, etc. is completely up to you.
6. The program is strictly a volunteer-based organization that requires time and dedication from everyone, and we look forward to everyone's participation.

Players Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_