



# Indian Springs Middle School 1<sup>st</sup> Annual Flag Football Powder Puff Game

Sponsored by ISMS STUCO

Friday, May 5<sup>th</sup>, 2017- 4:30pm-7:30pm

**Note:** This event is open to ANY 7<sup>th</sup> and 8<sup>th</sup> grade female student for football players and 7<sup>th</sup> and 8<sup>th</sup> grade male students for cheerleaders.

All permission forms must be turned into  
Mrs. Goree/STUCO Rm #102 by Friday, April 28<sup>th</sup>, 2017.

**The permission form is required  
for participation!**

**Event location:** ISMS Football Field

**Powder Puff Team Price:** \$30 per team

**Powder Puff Cheerleaders:** \$1.00 per person

**Admission for spectators:** \$2.00 per person

Event Sponsors Contact Information:

Mrs. Goree [Kathy.goree@kellerisd.net](mailto:Kathy.goree@kellerisd.net) or Mrs. McDaniel [Amanda.mcdaniel@kellerisd.net](mailto:Amanda.mcdaniel@kellerisd.net)

## GENERAL INFORMATION

**READ:** Students who plan to participate in ISMS 1<sup>st</sup> Annual Powder Puff Flag Football Game must have their signed Powder Puff Permission **Forms turned in to Mrs. Goree Rm #102 by Friday, April 28<sup>th</sup>, 2017**

### POWDER PUFF FOOTBALL BASIC GUIDELINES

- **Flags:** Each player must wear flags and worn outside their shirt, not “tucked-in” or restricted from coming off.
- A player is considered down where her flag belt is pulled off by the defense, or if she falls to the ground.
- **Players:** There can only be 7 players per team on the field at a time. You are allowed up to 12 total players on a team with a minimum of 7 players.
- The **game** will consist of **14 minutes games**, with a running clock. **There will be 1 timeout.**
- **Scoring:** Touchdown: 6 points / Extra points: NONE
- **First downs:** Each team has 4 downs to score or must passed mid field to get another set of 4 downs. Once passes midfield teams have 4 downs to score!
- **Blocking:** arms crossed their chest– no extended arm blocking.
- **Fumbles:** can’t be recovered during a game and is considered a dead ball and the offense remain in possession, unless it was their 4th down;
- **Interceptions:** may be run back; however, their flag can be pulled.
- **All offensive players:** eligible to catch a pass.
- The **ball carrier may not “stiff-arm”** a potential tackler and the ball carrier has to make an attempt to run around the tackler rather than through her.
- **Punts** must be announced and no rushing the punter. Punts that hit the ground are dead at the spot where the ball hit; with the offensive team receiving the ball.
- **No kick offs.**
- **No jewelry** of any kind is to be worn by any player.
- Sportsmanship should be emphasized at all times by both teams and fans.
- **Substitutions:** made at the end of each play (all players must equal time of participation).
- **Unsportsmanlike conduct:** not be tolerated, such as trash talking, use of profanity, teasing or making fun at others.
  - Students will be warned once for any unsportsmanlike conduct.
  - Second warning will result in the player(s) being suspended for the remainder of the game they are playing in; and with the potential of being suspended from their next game; the event staff will review each situation case by case, and determine the length a player will be suspended from a game or the entire event.
- Coaches are NOT allowed to step onto the field at any time; they aren’t responsible for deciding who plays.

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# IMPORTANT

## ISMS POWDER PUFF FLAG FOOTBALL

### Parents Health Insurance Information; Acknowledgement of Risk and Release of Liability; and Permission Forms (Must RETURN this form to Mrs. Goree/STUCO #102 by April 28th)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardian Name (Print): \_\_\_\_\_

Parent Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency/Health Insurance Information (Please check one of the boxes below):

- \_\_\_\_\_ In case of an emergency and if my child has to be transported by EMS, here is our Health Insurance information:  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_
- \_\_\_\_\_ I decline to provide information regarding our Health Care Provider

### **Special Note:** This entire page will be shredded after the event.

I hereby grant permission for my child to participate in all ISMS Powder Puff Football game held at Indian Springs Middle School on May 5<sup>th</sup>, 2017 from 4:30-7:30 pm. I have read and understand the Guidelines and Basic Rules for Powder Puff Football. I understand that participation in this event by my child is completely voluntary, that it will expose my child to potential injury; therefore I will not hold Indian Springs Middle School or Keller ISD liable for any injuries that may occur. Further, I agree that my child, to the best of my knowledge, is medically able to participate.

\_\_\_\_\_  
Print Parent/Guardian Name:

\_\_\_\_\_  
Parent Signature:

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

Contact information: (Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

### CHILD AGREEMENT & SIGNATURE:

I agree to follow the guidelines outlined in this package and Keller ISD Discipline Procedures. I understand the necessity to demonstrate good sportsmanship during this event; and will encourage all others to do the same.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK (POWDER PUFF FOOTBALL PERMISSION FORM)

I hereby grant permission for my student to participate in the Powder Puff Football game, held at ISMS, on May 5, 2017, 4:30pm-7:30pm. I have read and understand the Guidelines and Basic Rules for Powder Puff Football. I understand that participation in this event by my child is completely voluntary, and that it will expose my child to potential injury. Further, I agree that my child, to the best of my knowledge, is medically able to participate.

\_\_\_\_\_  
Parent/Guardian Name Date

\_\_\_\_\_  
Parent/Guardian Signature Parent Cell Phone #

### Student Information:

\_\_\_\_\_  
Print Student Name Grade

**\*\*Full payment of \$30 must be received by April 28th in order to participate. If payment in full is not received by April 28th, your team will not be allowed to participate. *Please make checks payable to ISMS STUCO.***

Team Name: \_\_\_\_\_ Payment: \$30 due

### Team Members:

- |          |              |
|----------|--------------|
| 1. _____ | 8. _____     |
| 2. _____ | 9. _____     |
| 3. _____ | 10. _____    |
| 4. _____ | 11. _____    |
| 5. _____ | 12. _____    |
| 6. _____ | Coach: _____ |
| 7. _____ | Coach: _____ |

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