



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



PASS PLAY SCORE



Flag Football RACINE FAMILY YMCA

Our YMCA Flag Football league is designed to introduce boys and girls (ages 5 to 14) to the fundamental elements of football in a fun, instructional and safe environment. From the moment your child steps on the field, our program is designed to assist each player with the advancement of their individual skill level and football knowledge while enhancing their level of play in a fun and structured environment. Each child will receive a shirt for participating.

- WHEN:** April 8th- June 23rd
WHERE: Real School Field House 10116 Stellar Ave. Sturtevant, WI 53177
TIME: Games on Sundays/ Practices once a week in the evening
DEADLINE: March 22nd
COST: **\$50** for Members; **\$70** for General Public.

Register in person at our Lakefront or Sealed Air Branch.
Questions? Call Troy Collier II at 262- 898-4751 or e-mail at sports&rec@ymcaracine.org



2019 Youth Flag Football League Registration Form

LEAGUE FORMAT

- * Season runs April 8th, 2018 through June 23rd, 2019
- * Games are scheduled to be played on Sundays, with practices held one night a week.
- * All games are played at the Real School Field House
- * Ages as of April 8th, 2018

REGISTRATION & FEES

- * **Registration** will be held **February 8th through March 22nd**
- * Players who want to play on the same team should indicate the other players name on each other's form. One request per child (either for another player or for a certain coach).
 - Is your child participating in the Spring YMCA basketball League Y or N If so, we have set up practices and games not to interfere
- * **REGISTRATION FEE:** \$50 YMCA Members/\$70 General Public (Fee includes T-shirt and flag belt)
- * A **LATE FEE** of \$10 will be charged for any registration received after – **March 26th, 2018**
- * **ABSOLUTELY NO REFUNDS** WILL BE GIVEN UNLESS THE YMCA CANCELS THE PROGRAM.
- * **Membership members:** All NSF's have to be paid before signing up for other programs. Whichever parent membership the kid is under regardless if the parents are no longer in the same household, divorce, separated, etc.
- * Call Troy Collier II at 262- 898-4751 or e-mail sports&rec@ymcaracine.org

Child's Last Name	Child's First Name	Child's Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address and Zip Code		Primary Phone:	Is child a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Name		Secondary Phone:	
Mother's Name		E-mail Address:	
Other Person to notify in an emergency	Phone:	Shirt Size: YS YM YL YXL AS AM AL AXL AXXL	
Doctors Name	Phone:		
Medical problems we should be aware of?			
Has your child ever played in a Flag League before? <input type="checkbox"/> Yes <input type="checkbox"/> No		School:	Child's Grade:
Player or Coach Preference: (Please note: Player/Coach preference cannot be guaranteed.)			
Co-Ed LEAGUE DIVISION-Ages as of April 11th, 2018			
<input type="checkbox"/> U6 (5/6) <input type="checkbox"/> U9 (7-9) <input type="checkbox"/> U12 (10-12) <input type="checkbox"/> U14 (13-14) 14 if still in 8 th grade			
WAIVER OF LIABILITY I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the YMCA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth sports programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the YMCA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same with transportation I hereby authorize.			
CONSENT FOR MEDICAL TREATMENT As the parent or legal guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.			
My Insurance Carrier is _____		Number _____	
PARENT'S SIGNATURE		DATE	
I would like to help with the following: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach Name _____			

PLEASE RETURN THIS FORM WITH PAYMENT TO:
RACINE FAMILY YMCA 725 Lake Avenue, Racine, WI 53403
Sealed Air YMCA 8501 Campus Dr, Mt. Pleasant, WI 53406