



2018 Flag Football

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Zig zag your way to a touchdown. In NFL Play 60 flag football you play as an NFL team with your friends and classmates. This program will help develop self esteem, social skills, and athletic skills. Your experience is our top priority.

Age: K - 6th

Registration: May 19th - August 23rd

Price: Members \$60 Non-Members \$70
(\$20 price increase after August 8th)

Program Duration: September 5th - October 31st

Parent and Coaches meeting: Wednesday, August 29th, 2018 at 6 pm at the Shelby YMCA

Practices: Wednesdays from 5pm - 8pm at Tucker Car Wash

Games: Saturday mornings at Tucker Car Wash (official schedule TBA)

Questions? Contact Travis Yoakum at 419-347-1312 Ext 225 or email travis.yoakum@shelbyymca.org

419-347-1312 - 111 W. Smiley Ave. Shelby, OH 44875 - www.shelbyymca.org



Flag Football 2018 - Acct # 1307

Player Information:

First Name: _____ **Last Name:** _____

Age: _____ **Gender:** _____ **Grade:** _____ **Jersey Size (circle):** Youth: S M L XL Adult: S M L XL XXL

Parent / Legal Guardian Information (Emergency Contact):

First Name: _____ **Last Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-mail:** _____

Parent Coaching Interest: Yes: _____ No: _____ If needed _____ **T-Shirt Size (if coaching):** _____

Please indicate any other child your son or daughter wants to be on the same team with & a reason why.

Name: _____ **Reason:** _____

Waiver and Release Form Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. **Property Loss:** I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. **Photography Permission:** I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for its participants. **Medical Release:** I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature of Parent or Guardian if less than 18 years of age

Date

For Office Use Only:

Date Received: _____ Payment: Check # _____ Cash Credit Amount \$ _____

Received by: _____ Receipt # _____ Circle One: Member Non-Member