FLAG FOOTBALL
Kindergarten– 5th Grade
September 14th–October 21th

<table>
<thead>
<tr>
<th>Kindergarten &amp; 1st Grade Registration Fee</th>
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</thead>
<tbody>
<tr>
<td>YMCA Member</td>
</tr>
<tr>
<td>$40.00</td>
</tr>
<tr>
<td>Non–Member</td>
</tr>
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<td>$55.00</td>
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<table>
<thead>
<tr>
<th>2nd–5th Grade Registration Fee</th>
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<tbody>
<tr>
<td>YMCA Member</td>
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<tr>
<td>$48.00</td>
</tr>
<tr>
<td>Non–Member</td>
</tr>
<tr>
<td>$65.00</td>
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</tbody>
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Youth Sports Jerseys $10.00
(Used for all Youth Sports Programs)

Coaches Meeting
Wednesday, September 9th at 5:30pm
(Zoom Meeting)

Fall Football Begins
Monday, September 14
Kindergarten & 1st Grade
Mondays 4:45–5:30 pm

2nd Grade
Mondays & Wednesdays 5:45–6:45 pm

3rd Grade
Mondays & Wednesdays 5:45–6:45 pm

4th/5th Grade
Mondays & Wednesdays 5:45–6:45 pm

PROGRAM NOTE: Teams are limited to 9 players
and each session is limited to 36 participants.
PARTICIPANT INFORMATION

[YMCA Member] [Non-member]

First ___________________________ Last ___________________________
DOB ___________________________ Age ___________________________
Gender ___________________________
Street Address ________________________ City ________________________
Age ___________________________
Grade ___________________________
School ___________________________
Emergency Contact Name ________________________ Phone ________________________

PARENT INFORMATION

Full Name ______________________
DOB ______________________
Mailing address same as participant [ ]
Email ______________________
Primary Cell ______________________

Full Name ______________________
DOB ______________________
Mailing address same as participant [ ]
Email ______________________
Primary Cell ______________________

Alternative Mailing Address ______________________
City ______________________
State ______________________ Zip ______________________

VOLUNTEER ASSISTANCE

[ ] Head Coach  [ ] Assistant Coach  [ ] Referee

Full Name ______________________
DOB ______________________
Shirt Size ______________________

Email ______________________
Primary Cell ______________________

I previously filled out a background check for Youth Sports
[ ] Yes  [ ] No

If NO, I completed a background check today
[ ] Yes  [ ] No

SPONSORSHIP/DONATION

I would like to sponsor a YMCA program. Contact me at: ______________________

I want to help a deserving child participate in a YMCA program:

[ ] $25  [ ] $50  [ ] $75  [ ] $100  [ ] Other Amount ______________________

PAYMENT INFORMATION

[ ] I have attached a check or cash for the selected session.
[ ] I would like to have the registration fee auto-debited from my YMCA membership account.

Signature ______________________  Date ________________  Staff Initials ______

By signing, I authorize the YMCA to use pictures of my Child for Promotional Purposes.