



YMCA YOUTH FLAG FOOTBALL 2017

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

REGISTRATION July 3 - August 7
Practice begins August 14 | **Games begin** August 26th
COST Y Member \$32 | Non-Y Member \$47 (each child)
Skill Assessment Saturday, August 12th at 11:00am

Dates are subject to change due to weather.

To register, or for more information, contact:
DuRon Jackson 304.697.7113 | youthsports@huntingtonymca.org

Volunteer Coaches Needed

Please complete all information. Incomplete forms will not be processed.



Grades K - Middle School

PLAYER INFORMATION		PLEASE PRINT CLEARLY
SCHOOL GRADE _____	DATE OF BIRTH _____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME _____	FIRST NAME _____	M.I. _____
STREET ADDRESS _____		APT. NO. _____
CITY _____	STATE _____	ZIP _____
HOME PHONE: (____) _____	CELL: (____) _____	EMAIL: _____
MEDICAL / EMERGENCY INFORMATION		
IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____		
PERSON TO NOTIFY IN CASE OF AN EMERGENCY		
NAME _____	RELATIONSHIP TO CHILD _____	PHONE: (____) _____
GRADE GROUPS		
PLEASE CHECK YOUR CHILD'S GRADE GROUP: <input type="checkbox"/> K-1 <input type="checkbox"/> 2ND - 3RD <input type="checkbox"/> 4TH - 5TH <input type="checkbox"/> MIDDLE SCHOOL		
PAYMENT		
PAYMENT MUST ACCOMPANY APPLICATION. Check # _____		VOLUNTEERS NEEDED Parent volunteers are an intricate part of YMCA Youth Sports Please check if you would like to volunteer. <input type="checkbox"/>

DATE ____/____/____
LAST NAME _____

FIRST _____

The undersigned parent/guardian of the minor named above do hereby authorize the officer, coach or leader of the Y SOCCER LEAGUE give my consent for all medical attention duly prescribed by a duly licensed doctor of medicine, for the above minor. The care may be given under whatever conditions are necessary to preserve the life, limbs or well being of my dependent. I do hereby waive, release, and forever discharge the Huntington Y, its employees, independent contractors, or anyone acting on it's behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the Y, including those injuries or damages that may be incurred by the use of equipment furnished by the Y. By signing below, I acknowledge there may be health risks associated with my child's participation in the Y SOCCER LEAGUE, which may include, but not be limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any Y representative who observes any symptoms of distress or abnormal response to activity. I declare that I have read, understood, and agree to the contents of this informed concerned agreement in its entirety.

_____/____/____
Parent / Guardian Signature Date

_____/____/____
Parent / Guardian Signature Date

DROP OFF at any Y location or MAIL APPLICATION TO: YMCA | 917 9th Street | Huntington, WV 25701