



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL YOUTH FALL FLAG FOOTBALL 2017 REGISTRATION FORM

Who: Grades: K-6th Grade
Where: All games are played at the YMCA of Hannibal fields
When: Season runs September 9th-October 14th
Registration and Fees: Early Bird: July 31st-August 13th Members \$24 Non members \$38
Normal Registration August 14-August 20th Members \$28 Non members \$42
 Late fee (After August 20th) \$5 (Financial Assistance is available)
Coaches meeting: Monday, August 28th @ 6pm at the YMCA of Hannibal
Skills Clinic: Thursday August 31st 6-7pm K-3rd Grade and 7pm-8pm 4th-6th Grade

(Placement on team after registration period is dependent on space available only)
Please remit to YMCA of Hannibal (Do not return to school)
Mandatory Equipment- Mouth Piece: Available at the YMCA

Name: _____ Sex: M F Birthday: ____/____/____
 Address: _____ City/State/Zip _____
 Phone: _____ E-mail _____ Height _____ Weight _____
 School _____ Grade _____ Age _____ T-Shirt YS YM YL AS AM AL AXL
 Special Health Needs/Requests _____
 Skill Level (circle one) A-advanced, B-Intermediate, C-beginner. Number of Years Experience _____
 Parent(s) Name(s) _____ Work Phone _____
 Guardian(s) Name(s) _____ Work Phone _____
 Emergency Contact _____ Relation _____ Phone _____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.

I AM WILLING TO PARTICIPATE AS A VOLUNTEER IN SUPPORT OF THE PROGRAM: (PLEASE CIRCLE ONE OR MORE.)

COACH ASSISANT COACH OFFICIAL OTHER: _____

Signature of parent or guardian _____ Date _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____
 Put in Trinexum _____ code #29