

2017 TIFTAREA YMCA *LATE* FALL SPORTS INFORMATION

FALL FLAG FOOTBALL

REGISTRATION DATES

BEGINS: Thursday, August 10th 2017

ENDS: Monday, September 18th 2017

\$10 Late Fee will apply after September 18th if group not full

SEASON DATES

BEGINS: Tuesday, September 28th 2017

ENDS: Monday, November 13th 2017

AGES & AGE DIVISIONS

U5 COED (Ages 3-4)

U7 COED (Ages 5-6)

U10 COED (Ages 7-9)

U13 COED (Ages 10 – 12)

U18 BOYS (Ages 13 – 17)

MANDATORY COACHES MEETING & TRAINING AND PARENT MEETING

Coaches – Monday, September 18th 2017 7pm – 8pm (LOCATION Tiftarea YMCA on Carpenter Road)

Parents – Monday, September 25th 2017 6pm –7pm (LOCATION Tiftarea YMCA on Carpenter Road)

Evaluations ages 7-9 September 28th (5:30pm YMCA fields)

Evaluations ages 10-17 September 28th (7:00pm YMCA fields)

PRACTICES & GAMES

- Practices will begin **the week of THURSDAY, SEPTEMBER 28th**. Teams can hold at least 1 practice per week at the YMCA Football fields.
- There will be 8 regular season games. Games will be played on Monday, Tuesday, or Thursday. Regular season games will begin TUESDAY, OCTOBER 10th and the season will end on Monday, NOVEMBER 13th.
- The YMCA is in need of volunteer coaches! No experience necessary! This is a great way to spend time with your child and help your community. Training will be provided by the Tiftarea YMCA

YMCA MEMBERS EARLY BIRD \$40
YMCA NON MEMBERS EARLY BIRD \$60
YMCA MEMBERS September 1st \$45
YMCA NON MEMBERS September 1st \$65

REGISTRATION FEE includes jersey and end of season award.

Financial Assistance is also available to those who qualify.

Applications due by September 19th.

AGE CUT OFF DATE: September 21st, 2017



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FEES PAID (DATE): _____
CHECK #: _____
DATE IN COMPUTER: _____
STAFF INITIAL: _____

**TIFTAREA YMCA
2017 FALL FLAG FOOTBALL**

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PARTICIPANT'S NAME _____ NEW PLAYER (Y / N) YMCA MEMBER (Y / N)

NEW PLAYER (Y / N) YMCA MEMBER (Y / N) SEX ____ AGE : ____ DATE OF BIRTH ____/____/____ GRADE ____ ETHNICITY W B A H I O

ADDRESS _____ ZIP CODE _____

MOTHER/GUARDIAN'S NAME _____ FATHER/GUARDIAN'S NAME _____

HOME PHONE _____ MOTHER WORK PHONE _____ FATHER WORK PHONE _____

MOTHER CELL PHONE _____ FATHER CELL PHONE _____

MOTHER EMAIL _____

FATHER EMAIL _____

Coach / Player Request _____

Special Medication Information _____

VOLUNTEERS NEEDED! Please circle one of the following:

Head Coach Asst. Coach Referee Team Parent Team Sponsor

AGE DIVISION (please circle one)
U5 U7 U10 U13 U18

RATE YOUR CHILD'S ABILITY (please circle one)
1(high) 2(intermediate) 3(average)

UNIFORM SIZE Dri-fit (please circle one)
YXS YS YM YL AS AM AL XL XXL

Parent Shirt Size (Please Circle ONLY if interested): YS YM YL AS AM AL (additional \$12 dollars) AXL AXXL (additional \$15 dollars)

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give me permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

PARENT/GUARDIAN SIGNATURE DATE EMERGENCY CONTACT(S)