



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

TIFTAREA YMCA
2018 FALL FLAG FOOTBALL

YMCA MEMBERS EARLY BIRD \$40
YMCA NON MEMBERS EARLY BIRD \$60
YMCA MEMBERS August 28th \$45
YMCA NON MEMBERS August 28th \$65

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 U9 U11 U14 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.

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) _____