



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

# **HUDDLE UP!**

# **IT'S GAME TIME**

# **FLAG FOOTBALL**

**AGES 3-KINDERGARTEN**  
**YMCA OF BRISTOL**

**Location:** Ida Jones Fields  
**Dates:** Sep. 7th - Oct 26th  
**Time:** 9:00 - 10:00  
**Day:** Saturdays  
**Price:** Y Members \$45  
Potential Members \$55



**Contact:**  
**Shaka Andrew**  
**Sports & Teen Director**  
**423 968 3133**  
**[shaka@bristolymca.net](mailto:shaka@bristolymca.net)**

# Youth Flag Football Ages 3-K

## 2019 REGISTRATION FORM

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age (As of September 7) \_\_\_\_\_ Grade (current) \_\_\_\_\_

Please circle the child's race (for nonprofit reporting purposes)

American Indian

Alaskan Native African

American/Black

Asian/Pacific Islander

Hispanic

Caucasian/White

Other

Parent/Guardian Name \_\_\_\_\_

Best Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Fee**     \$45 YMCA member     \$55 Potential member     \$30 After School participant

Registration fee includes t-shirt and award. Financial assistance is available.

**Youth Shirt Size**     S (6-8)     M (10-12)     L (14-16)     XL (18-20)

**Experience Level**     Never played     Limited play     Experienced

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that my child is in normal health and capable of safe participation in Y Youth Programs. If there are any health conditions, I will notify the Y of such problems. I assume all risk(s) and hazards incidental to the conduct of any program.

I hereby authorize the Y to obtain medical treatment for my child in the event that parent/guardian(s) cannot be reached. I will be responsible for any medical costs, including ambulance transportation.

I give permission for my child to participate in the media coverage and publicity of the YMCA.

## Volunteer Opportunities

Coach     Assistant Coach     Team Parent

Volunteer's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Coaches are given the resources for a successful season.)

**Coach T-shirt: Adult sizes**     S     M     L     XL     XXL

### Questions?

Please call us at 423.968.3133 or email [shaka@bristolymca.net](mailto:shaka@bristolymca.net)