

# Flag Football Registration—2024

**Participants:** Ages 4 — 2nd Grade

**Registration ends Aug. 19nd**

Coaches Meeting: Aug. 21 at 5:30 PM @ the Y  
Flag Football Season Runs

Sept. 9—Oct. 12

**Registration Fee:** \$48 Y Member/\$59 Participant

Fees cover cost of NFL Flag Jersey

***If you coach your fee per child is  
discounted by 50%***

## Divisions

**Pee Wee (Pre K-K) Games— Tuesday & Saturday**  
**Rookies (Gr. 1/ 2) Games—Tuesday & Saturday**

**MUST HAVE AT LEAST 10 PLAYERS PER DIVISION**

**There is a great need for coaches. Please help!**

## Questions?

Call The Randolph County Y at 765.584.9622  
or email tom.byrum@comcast.net

## 2024 FLAG FOOTBALL REGISTRATION FORM

**Name of Participant:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_ **Grade:** \_\_\_\_ **Allergies:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

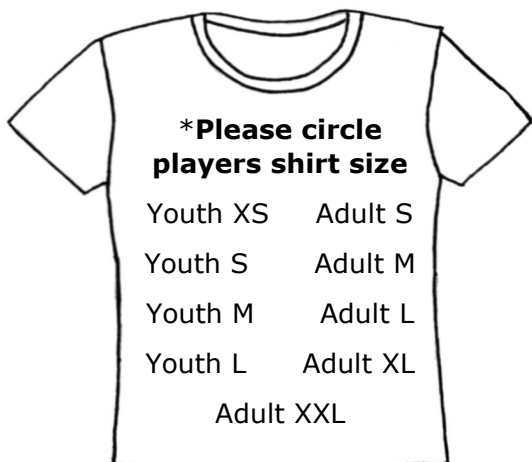
**Mother:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check the Division For Child: Pee Wee (ages 4-6)** \_\_\_\_ **Rookies (1st/2nd grade)** \_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

(In case neither parent can be reached)



We need coaches to help make the league run smoothly. Coaching/Asst. Coach

YES \_\_\_\_ NO \_\_\_\_

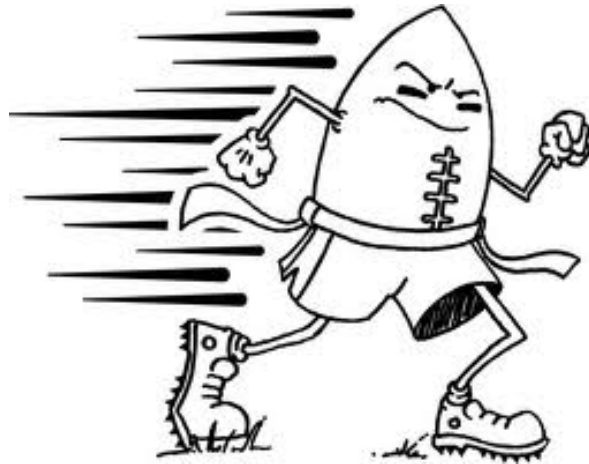
Coach's Name: \_\_\_\_\_

Coach's Phone # \_\_\_\_\_

The Y provides online training and additional training materials for first time coaches!!!

Head coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Randolph County YMCA  
1521 E. Washington Street  
Winchester, IN 47394



**Please read carefully before signing**

I understand there is an element of risk associated with this program. Relying on the supervision and instruction of those representing the Randolph County YMCA, I hereby accept any and all injuries illness or occurrence resulting from participation in this YMCA program. I further attest that the above participant is physically fit and does not have any prior medical condition that may be aggravated by participating in the above program. I will also have the participants medical condition verified by a licensed medical doctor if deemed necessary.

By signing this form, I agree to pay all fees associated with the program. Date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

**Photograph Permission:** By initialing this release, I give the Y permission to use photographs of myself and/or my family for stories/publications. Initial \_\_\_\_\_

**Office Use Only**

Y Member \$48 Date Paid \_\_\_/\_\_\_/\_\_\_

Program Part. \$59 Cash \_\_\_\_\_

Check # \_\_\_\_\_

Scholarship \_\_\_\_\_% Credit/Debit \_\_\_\_\_