

Flag Football Registration—2023

Participants: Ages 4 — 2nd Grade

Registration ends Aug. 22nd

Coaches Meeting: Aug. 24th at 5:30 PM @ the Y
Flag Football Season Runs
Sept. 12—Oct. 14

Registration Fee: \$47 Y Member/\$57 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

2023 FLAG FOOTBALL REGISTRATION FORM

Name of Participant: _____ **DOB** ____/____/____

Age: _____ **Gender:** _____ **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 ___

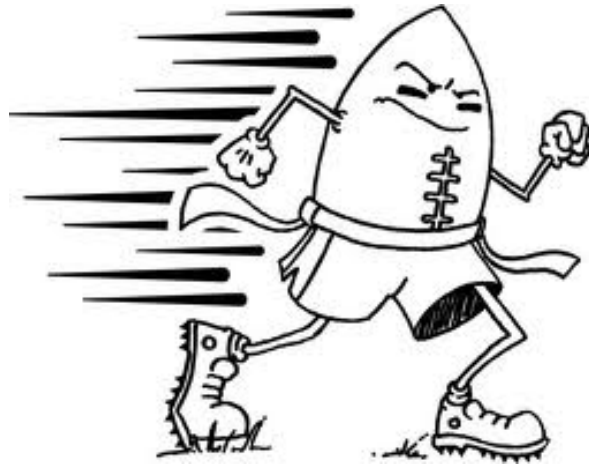
Coach's Name: _____

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 \$47 Date Paid ___/___/___

Program Part. \$57 Cash _____

Check # _____

Scholarship _____% Credit/Debit _____