



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kerr County YMCA 2017 Flag Football

For Boys and Girls Ages 4 Through 6th Grade

Registration: May 5 – August 12

Cost: \$80 per child before August 12

\$95 per child after August 12

First Game: September 9th

Last Game: October 28th

Championship 3rd & 4th and 5th & 6th Grades: October 28th

Skills Assessment: Sunday, August 13th, Antler Stadium, 2 p.m. Bring tennis shoes and cleats



*CALL FOR MORE INFORMATION
(830) 896-8000*

YMCA MISSION: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

REGISTRATIONS CAN BE MAILED WITH FEE ENCLOSED TO:

KERR COUNTY YMCA

P.O. BOX 290188

KERRVILLE, TX 78029

OR REGISTER ONLINE AT WWW.KerrYMCA.ORG

Or drop the form with the registration fee at the YMCA office on the Hal Peterson Middle School Campus

DIRECTIONS: Turn by IHOP enter the school parking lot and follow the road around the back of the school to the gym parking lot. Look for our solid white building with the YMCA logos on the side

Like us on Facebook to see what's going on at the YMCA!



Registration Form on Reverse Side

Registration Form for Flag Football

CHILD'S NAME _____ Gender: M / F Age as of 08-28-17: _____ (Must be 4 by this date)

Shirt Size: Youth: S M L XL or Adult: S M L XL

DOB _____ Grade as of 08-28-17 _____ School _____

Home Address _____ City _____ Zip _____

MOTHER'S NAME _____ DOB _____

Home Address _____ Home Phone (_____) _____

Place of Employment _____

Cell Phone (_____) _____ Work Phone (_____) _____

FATHER'S NAME _____ DOB _____

Home Address _____ Home Phone (_____) _____

Place of Employment _____

Cell Phone (_____) _____ Work Phone (_____) _____

E-MAIL _____

BEST CONTACT NUMBER: _____

HELPFUL INFORMATION (ex: cannot practice on Mondays, health issues, etc.) **NO SPECIAL REQUESTS FOR TEAM PLACEMENT**

Flag Division:
(Please circle one)

Pre-K & Kinder

1st & 2nd

3rd & 4th

5th & 6th

CONSENT FOR MEDICAL TREATMENT (MINOR)/ RELEASE

Initial:

_____ I will be responsible for my child's medical costs due to accident or illness.

_____ I will hold the Kerr County YMCA and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the Kerr County YMCA programs and activities, realizing that there are risks in these activities.

_____ I give permission for photographs of my child(ren) to be used solely for publicity and training purposes by the Kerr County YMCA.

_____ I understand all refund/credit requests must be done in writing and there will be no refund/credit after the first games.

_____ I will encourage good sportsmanship by my actions towards coaches, referees and YMCA Sports staff. Failure to do so may result in the loss of participation privileges.

Parent/Guardian Signature

Date

COACHING & VOLUNTEER OPPORTUNITIES

_____ YES!! I would like to participate as a volunteer: (*circle one*) OFFICIAL COACH ASST. COACH TEAM PARENT

Y-PARTNERS OPPORTUNITIES

_____ YES!! I would like to be a Y-PARTNER and help sponsor another child: (*circle one*) \$10 \$25 \$50 \$100 OTHER _____

_____ YES!! I would like to be a Y-PARTNER and sponsor my child's team

ALL INFORMATION COLLECTED IS STRICTLY CONFIDENTIAL.

All information gathered is NOT related to any fees you may be charged by the YMCA. Our funding streams require the YMCA to report this information on ALL the people we serve regardless of income level or other qualifications for assistance. Please answer each of the following questions as accurately as possible and thank you for your time.

What ethnicity is your child? (Check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian, Eskimo | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Anglo | <input type="checkbox"/> Hispanic/Spanish | <input type="checkbox"/> Other |

Please check the category that best represents your total gross income during the past 12 months.

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$15,000 - \$24,000 | <input type="checkbox"/> Greater than \$50,000 |
| <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$25,000 - \$34,999 | |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$35,000 - \$49,000 | |

Describe the household:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Single Adult Female | <input type="checkbox"/> Single Adult Male | <input type="checkbox"/> Two Adult Household | <input type="checkbox"/> Other Family Household |
|--|--|--|---|