



2010
YMCA/EWYC FLAG FOOTBALL
PARTICIPANT INFORMATION



All areas are required!

LEAGUE: 5-7 8-10 11-14

FIRST NAME:

LAST NAME:

GENDER: MALE FEMALE

DATE OF BIRTH:

AGE AS OF 9/1/10:

GRADE AS OF 9/1/10

STREET:

CITY, STATE, ZIP:

DAY PHONE:

EVENING PHONE:

E MAIL ADDRESS:

SHIRT SIZE: YS YM YL AS AM AL AXL

1. I give permission for my child to be photographed for the sole purpose of promotional materials distributed by the YMCA. These photographs will not be distributed without my consent, and I will not expect any payment or compensation.
2. I give permission for my child to be transported by YMCA staff vehicle or bus in the event of an unavoidable emergency.
3. I give permission for the above-named child to receive emergency medical treatment in the event of injury while participating in flag football. I will take full responsibility for any consequences of this medical treatment. I give the YMCA permission to approve, choose and secure medical treatment if I cannot be reached in case of any emergency. I realize that YMCA program participants play at their own risk. Any insurance claims must be submitted to my insurance carrier.
4. I understand that I, as the parent/guardian, will be held to the same standards of conduct as the players, coaches and officials. No persons are allowed inside the fence while games are being played. I promise to assist to the best of my ability in the upholding of the 4 core values of the YMCA which are Caring, Respect, Honesty and Responsibility.
5. I understand that I must also sign and agree to the NFL Flag Football rules and waivers.

My signature indicates understanding and acceptance for items 1,2, 3, 4 and 5 above.

Print Name _____ Relationship _____

Signature _____ Date _____