



# YMCA NFL FLAG FOOTBALL Ages 6-12

NFL players can register at the YMCA or on-line at [www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org)  
Male and Female Participant's Welcome!

**Deadline to Register August 20, 2010**  
**\$10 Late Fee after deadline**

Staff Initials: _____
Date: _____
Amt. pd. _____
Cash _____
Check # _____
Credit _____
Rec # _____

**Entry Fee:** Payable to YMCA or online for NFL flag football players

**NFL**  
YMCA Members \$55  
Non-Members \$65

There is a \$5 discount for an extra child and a maximum fee of \$150 per YMCA member family, and \$180 per non-member family. Payment is due by Aug. 20<sup>th</sup>, 2010 with form filled out and turned in or completed online.

**All players will receive an NFL flag reversible uniform.**

### GAME DATES:

September 11-November 6, 2010  
Tentatively

\*Depending on weather conditions

### GAME LOCATIONS:

Hopkinsville Family YMCA

**AGE GROUPS:** Please Circle the appropriate age group.

Bracket A U8-NFL Ultimate  
AGES 6-7 (co-ed)

Bracket B U10-NFL Flag  
AGES 8-9 (co-ed)

Bracket C U13-NFL Flag  
AGES 10-12 (co-ed)

*Refund Policy- All requests for a refund must be submitted in writing with an explanation of the request. The YMCA will consider requests until Sep. 10, 2010. If granted, a \$15.00 administration fee will be charged and the remaining balance will be returned to the applicant. No refunds will be given after September 18, 2010. Refunds will be sent in mail.*

Visit our web-site at

[www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org) or check us out on Facebook for game updates.

**The YMCA is a United Way Agency and offers financial assistance as funds are available.**

Participant's Name: \_\_\_\_\_

Participant's School: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: Male or Female Age as of Sept. 1, 2010: \_\_\_\_\_

From 1-5 rate your child's football ability (1=beginner; 5=advanced)  
1 2 3 4 5

NFL Jersey Size: (Circle One) YS YM YL AS AM AL AXL AXXL

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Mother: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell/Work # \_\_\_\_\_

If Parents are divorced/separated who is the custodial parent? \_\_\_\_\_

Emergency contact person and phone: \_\_\_\_\_

Special needs or disabilities of applicant: \_\_\_\_\_

What is your favorite NFL team? \_\_\_\_\_

How did you hear about NFL Flag Football? \_\_\_\_\_

I am willing to participate as a volunteer in support of this program as a (Circle one or more) **Head Coach gets 1/2 off of registration.**

**HEAD COACH ASSISTANT COACH REFEREE**

### Waiver

I acknowledge that the Hopkinsville Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in the activities of the YMCA flag football program, I do hereby agree to hold free from any and all liability the Hopkinsville YMCA and its respective officers, employees, and volunteers and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare participant to be physically, emotionally sound, having medical approval to participate in the activities of the YMCA flag football program. I have read this application and agree to abide by all YMCA guidelines.

### Photo Release

I HEREBY CONSENT to the use, publication and display, in whole or in part, by or on behalf of HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA and its agents and assignees, including, but not limited to KENTUCKY NEW ERA, TV 43 and HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA, of any film, video tapes or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use only and that HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA will be credited for the photograph(S). I waive all rights to inspect and/or approve any of the printed matter that may be used in conjunction with the photograph(S) and the use to which it/they may be put.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Send Check/Registration to:  
Hopkinsville YMCA  
7805 Eagle Way  
Hopkinsville, KY 42240  
Tel: 887-5382 Fax: 889-9375

