



## 2026 YMCA SPRING FLAG FOOTBALL

### Ages 6-12

Age Divisions will be adjusted based on sign ups  
**REQUESTS CAN NOT BE GUARANTEED**  
**TEAMS WILL BE DETERMINED BY A DRAFT**  
**Deadline to Register: FEBRUARY 20, 2026**

\$15 Late Fee after deadline (if spots are available)

REGISTER ONLINE AT [www.hopkinsvilleymca.org](http://www.hopkinsvilleymca.org)

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Amt. pd. \_\_\_\_\_

Cash \_\_\_\_\_

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

Credit \_\_\_\_\_

**Coach: Y N**

YMCA Members \$70 + Tax  
(\$74.20)

Non-Members \$85 + Tax  
(\$90.10)

Payable to YMCA.

**AGE GROUPS:** Please Circle  
the appropriate age group. **Age  
groups can change depending on  
registration in each age group.**

U9- Flag Football  
AGES 6-8 (co-ed)

U13- Flag Football  
AGES 9-12 (co-ed)

**All players will receive a flag  
football shirt, flag belt and mouth  
guard.**

### GAME DATES:

March-May

Tentatively \*Depending on weather  
conditions (Games will be played  
on Saturdays and weekdays after  
5:00 p.m.)

### GAME LOCATIONS:

Hopkinsville Family YMCA and  
Debow Park on North Drive in  
Hopkinsville.

*Refund Policy- The YMCA does not give  
refunds for its sports programs!*

INITIAL: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions/concerns please email  
us at:**  
[sports@hopkinsvilleymca.org](mailto:sports@hopkinsvilleymca.org)

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

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

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

Birthdate \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male or Female Age as of Sept 1, 2025 \_\_\_\_\_

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

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

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

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

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

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

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

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

**Do you have siblings in the same age group? YES NO**

**Do you want these siblings to play on the same team? YES NO**

**Are you willing to Volunteer to Coach? YES NO**

### Volunteer Coach Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**(When registrations end coaches will be contacted. Coaches are  
chosen by date registration received. If you coach you will receive a  
1/2 off system credit on your account to be used towards future  
programs.)**

### 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, Debow Park, and The Hopkinsville Christian Country Recreation Department and its respective officers, directors, 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 registration form 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 all media sources 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 use 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: \_\_\_\_\_

### YMCA Mission Statement:

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.