Revised 6/28/21

YOUTH FLAG FOOTBALL REGISTRATION

Florence Family YMCA
1700 S. Rutherford Drive Florence, SC 29505
843-665-1234 www.florenceymca.org
Parent Permission/Waiver for Participation in Youth Sports

Staff_____

PLAYER INFO: **1.** Age Group (child's age as of 9/1/21): 5-6 7-9 10-12

2. Print First Name: _____ **3.** Print Last Name: _____

4. Y Member or Nonmember **5.** Male or Female **6.** Age: _____ **7.** Birthdate: _____/_____/_____

8. Allergies and medical conditions: _____

9. How many years has your child played football? _____ **10.** Has your child played football here before? YES NO

11. Child's Shirt Size (size not guaranteed if registered after 9/26/21): YS YM YL AS AM AL AXL

12. List days/times your child can't practice. Other requests won't be accepted: _____

13a. If you have other children playing football here, what are their names and age group? _____

13b. If possible, would you prefer them to practice: (Same Day/Time) or (Same Day/Different Time) or (Different Days)

PARENT INFO: **1.** Mailing Address: _____

2. City: _____ **3.** State: _____ **4.** Zip: _____

5. Father: _____ Home: _____ Work: _____ Cell: _____

6. Mother: _____Home: _____ Work: _____ Cell: _____

7a. Email Address: (please print clearly) _____

7b. Would you like to receive email reminders about Y sports? YES NO

8. Do you want to receive texts from your coach? YES NO

9. Do you want to receive texts from the Y through Remind about soccer? YES NO (Father or Mother or Both)

10. Emergency Contact Other Than Parent: _____ Phone#:_____

I hereby consent to my child's participation in the Florence Family YMCA Youth Sports Program, agree to assume the risks involved, and I have read and understood the related changes (if any) to the program due to COVID-19. I understand that the YMCA does not provide medical insurance relative to accidents or injuries sustained as a result of program related activities. I also authorize any member of the YMCA staff or my child's coach to act on my behalf during all sports activities. I also understand that the YMCA may only give full refunds prior to the first practice and are subject to a processing fee. I also agree to have read and uphold the YMCA Youth Sports Code of Conduct. Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to me or my child.

_____ _____ _____
Printed Name of Parent/Guardian Signature of Parent/Guardian Date

VOLUNTEER INFO: If you are willing to participate as a volunteer in support of this program, circle below. The head coach & one assistant coach of every team will each receive a coach's shirt. All practices are held only at the Y & last 1 hour. Teams get two practices a week until games start. Once games start, there are no more practices. One practice day has to be a Mon. and the other can be a Tues., Thurs., or Fri. Both practice days must be at the same time. Team names/colors must follow Y guidelines and be consistent in quality and nature for all teams in the league. Coaches must read and accept the information in the coach's handbooks and pass a background check.

1. Coach or Assistant Coach **2.** Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

3. Requested Youth Practice Slot: Mon and (Tues or Thurs or Fri) (5:30-6:30 pm) or (6:40-7:40 pm)

4. Team Name and Jersey Colors: 1st Choice: _____ 2nd Choice: _____

5. Can you attend the coaches' meeting on Thurs. Sept. 30 at 6 pm at the Y? (Must meet with sports director if unable) YES NO

SPONSORSHIP INFO: If you are interested in sponsoring, circle an option below. Sponsors are needed to help defray some costs of our youth sport programs. You will receive a plaque recognizing your generous donation and the satisfaction of knowing that your business helped children in your community.

Option #1: A one team sponsorship costs $150. Your business' name will go on the back of the shirt above the number.

Option #2: A two or more team sponsorship costs $125 per team. Your business' name will go on the back of the shirt above the number.

_____
Business/Sponsor Name

Excel:___ Age:___ (New or Returning AGP) Coach:_____ Sibling:_____ Roster:____ Eval:_____ Refund:_____