



Presents:

Danville-Boyle County
FLAG FOOTBALL



Ages 6 to 8

Wilderness Trace Family YMCA

P. O. Box 326, Harrodsburg, KY 40330

*****Mercer Kids are welcome*****

Registration Deadline August 27th

Cost: \$ 40.00

(Mail to YMCA or drop off at Ephraim McDowell Wellness Center: 1107 Ben Ali Drive, 936-9355)

Skills Evaluation August 27th (Sat) 10 am at Millennium Park, Danville, KY
Season runs September 11 - October 23, 2011 (Games Sun. 2:00 pm or 3:30 pm)

Players Name _____ Male Female School _____ Grade _____

Home Phone _____ Age _____ (as of September 30th) Birth Date _____

Mailing Address _____ City _____

Parent's _____ Cell _____ E-mail _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Shirt Size YS YM YL AS AM AL

Corporate Sponsor:



Would you like to help another child to participate in this program? Yes _____ No _____

I am interested in being a volunteer coach or an assistant volunteer coach Yes _____ No _____

Parent's Agreement

I have the legal authority to sign-up the child named on this form and to the best of my knowledge, the information on this application form is complete and accurate to the best of my knowledge and the child herein described has my permission to engage in all activities except as told by me. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I agree to follow all policies and procedures; failure to comply with the policies and procedures may result in the loss of YCMA service. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above, in the event of a life or death emergency. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities; families must carry their own accident insurance.

Signature _____ Date _____

I give ____ I do not give permission for my child's photo to be used in promotional literature.

Office Use

Date _____ Amount Paid _____

Scholarship amount _____

Check # _____

YMCA Member: Yes _____

Cash _____

No _____