

FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Fall Flag Football 2020

BOERNE FAMILY YMCA

League age cut-off: Sept. 1, 2020

Flag	Foc	tha	П
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☐ 7 - 8 yrs

□ 9 - 10 yrs

□ 11 - 12 yrs

Important Dates

First Practice: Week of Sept. 14

First Game: Sept. 26 Last Game: Nov. 14

There will be 8 games total.

Age divisions may be combined due

to low participation.

Practices will be in Boerne. Games may be played against other YMCAs in San Antonio and

travel is likely.

YOUTH SPORTS PROGRAM FEES

Early Bird	General Reg.	Late Reg.	Last Call	Amount Paid		
July 20 - 31	Aug. 1 - 21	Aug. 22 - Sept. 4	Sept. 5 - 11			
Flag Footba	all	IN BRANCH				
\$120	\$135	\$150	IN-BRANCH ONLY Prices same as Late Reg. Spots are limited to availability.	\$		
Y Member Rate: \$40 off				\$		
Donate to help other children enjoy youth sports				\$		
TOTAL				\$		
Financial Assistance is available through our Open Doors Scholarship Program.						

REQUESTS

Early Bird - Individual requests accepted. Team registrations must be turned by the coach or group by July 31, 2020. General Reg. - All Coach and Player requests must be turned in by Aug. 21, 2020. Requests are not guaranteed. Late Reg. - Space is limited to teams with openings. Requests cannot be considered.

Coach Request Teammate Request

Practice Requests

Please circle 3 - 5 days you are available for practice: MON TUES WED THURS FRI



REGISTRATION

My child is a :	Returning Player/New Player	Player DOB:	/ /	Age on 9/1/20:		
Player Last Name	e:	First Name:			Gender:	
Mailing Address:		City:		Zip: _		
Home Ph:						
What school do	es the player attend?:					
Parent/Guardia	n 1:	DOE	ß:	Cell Ph:		
Email:		Employer:		Work Ph:		
☐ I would like	to volunteer as a Coach/As	ssistant Coach.				
Parent/Guardia	n 2:	DOE	ß:	Cell Ph:		
Email:		Employer:		Work Ph:		
□ I would like	to volunteer as a Coach/As	sistant Coach.				
How did you h	ear about us?					
☐ Friend ☐ E-r	mail 🗆 Direct Mailer 🗆 Fly	yer 🗆 Social Media 🏻 [☐ Other:			
	and the PI	nfo will be shared ayerSpace platfor dge that the email p	m.		ff	

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email: _____

WAIVER

I will be responsible for my child's medical costs due to accident or illness. I will hold the YMCA of Greater San Antonio and its directors, officers, employees, volunteers and other agents harmless for incidents which may arise from participation in the YMCA programs and activities, realizing that there are risks in these activities. I give permission for photographs to be made of my child(ren) to be used solely for publicity and training purposes by the YMCA of Greater San Antonio. The YMCA has my permission to evaluate the impact of their programs on my children. I understand that surveys may be conducted on a routine basis and that all information collected on individual children will be confidential. Group averages will be shared with staff to improve programs, with donors to maintain funding and with parents/volunteers to provide information on how the YMCA is building strong kids, strong families and strong communities. I understand all refund/credit requests must be made in writing and will only be considered before the first game. There will be a \$20 service fee on all refunds/credits. Any credits not utilized within 1 year of issuance will be forfeited.

Parent's Signature Date