



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Wood River Community YMCA
Magic Valley YMCA Flag Football League
2019 FLAG FOOTBALL REGISTRATION**

Registration Information

Child's Name (Print): _____ DOB: ___/___/___

Parent's Name (Print): _____ DOB: ___/___/___

Parent's Signature: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Youth Shirt Size: S M L XL

1ST & 2ND GRADE

Objective: A competitive flag football league where fun and player development are priorities.

Divisions: 1st & 2nd grades (2019-2020 academic year)

Season: Practice begins the week of September 9th. Games are September 21st through October 26th every Saturday and is a 6-game season

Fee: \$100 per player

Game Site: Lighthouse Christian School Football Field, 960 Eastland Drive, Twin Falls, Idaho

Please contact Teresa Johnson at tjohnson@woodriverymca.org (208) 928-6701

Or Johnny Servin youthsports@woodriverymca.org

Are you interested in volunteering as a Coach? All we need is your:

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

****More on the back***

Indemnity Agreement and Guest Release

The Wood River Community YMCA, Inc provides many recreational activities to members and the public. I, as a YMCA participant, understand that recreational activities do involve inherent risks which are beyond the control of the YMCA, its staff, volunteers, and members. I, the undersigned, hereby assume all risks for the behavior, actions, and safety of me, my family members, and my child or children while involved in these activities.

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND RELEASE the YMCA, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, costs, and expenses, including attorney's fees, which may be asserted against the YMCA, its employees and agents, and which the undersigned may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned, my family members, and children using any facilities or equipment of the YMCA or managed by the YMCA. I have read this release of liability and understand its contents.

The YMCA reserves the right to take pictures of program or other activity for promotional purposes.

Initial: _____

Make Up Policy

Games completely missed due to weather or safety issues will depend on availability of the Lighthouse Christian School Football Field.

I have read and understand the above release, refund policy and make up policy:

Parent's Signature: _____ Date: ___/___/___

FOR OFFICE USE ONLY

Check # _____ \$ _____ / Cash \$ _____ / CC \$ _____ / Receipt # _____

Date Paid: ___/___/___ Staff Initials: _____ Y Member Yes No

Staff Signature _____ Date: ___/___/___