

# What You Need to Know:

**Ages:** 4 years - 2nd Grade

**Place:** YMCA Activity Center  
(719 Wyatt Ave)

**Dates:** Saturdays  
August 7th - September 18th

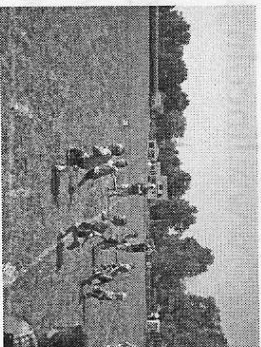
**Time:** 9:00 - 11:00 a.m.  
(4yrs - K)  
11:00 a.m. - 1:00 p.m.  
(1st - 2nd grade)

**Cost:** \$40 YMCA Members  
(\$37 YMCA members if returning from Fall 2009.)

**Registration deadline is July 22nd.**  
Any registrations received after this date will have increased program fees.

**\$35 for 2010 YMCA Membership.**  
All participants must be 2010 YMCA members.

Program fees are non-refundable & non-transferable.



## Flag Football Registration Form

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email address (for YMCA Newsletter) \_\_\_\_\_

Emergency Contact other than parent/guardian \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages.  
*Failure to circle either choice automatically provides authorization.*

Yes \_\_\_\_\_ No \_\_\_\_\_

### Release of Liability

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities. I will accept responsibility for payment of medical services rendered due to illness or injury that occurs to my child or myself while participating in the Lincoln Area YMCA programs and/or activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list below any limitations or medical information, which will help us care for your child.

Allergies/Medications/Physical Limitations \_\_\_\_\_

Preferred Physician/Phone \_\_\_\_\_

Insurance Company /Group Number \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINORS

If my child, should become ill or injured at any Lincoln Area YMCA program and/or activity, I understand that the staff/volunteers will (1) try to contact me immediately (2) if I cannot be reached, contact the emergency person listed on this registration form. Should either the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Program Fees

All participants returning from Fall 2009 receive \$3 off their registration fee.

- \_\_\_\_\_ \$40 (4 yrs - K)
- \_\_\_\_\_ \$40 (1st - 2nd Grade)
- \_\_\_\_\_ \$35 (2010 Y Membership)
- \_\_\_\_\_ \$10 (fee increase after July 22, 2010)

NOTES: CANT PRACTICE DAYS, REQUESTS, ETC.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt size: YS, YM, YL, S, M, L \_\_\_\_\_

\$ \_\_\_\_\_ Total Paid

For Office Use:

Cash Receipt # \_\_\_\_\_ Current Member \_\_\_\_\_

Check # or MO # \_\_\_\_\_ Scholarship Application

Charge Card # \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_