



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Youth Flag Football at the YMCA of Catawba Valley

Ages: Boys and Girls ages 5-12

When:

Registration is July 3-August 11th

- Games are on Saturdays with occasional weeknight games
- First game is September 7th
- Tournament for ages 7+ will be Oct 21-26
- Holiday Time off: September 2nd

Where:

- Games will be played at both the Hickory and Shuford branches
- Practices will begin the week of August 26-30. Practice day/times will be determined after registration closes

Registration Information

- Members \$70, Non-members \$130
- Includes: Full uniform (shirt, shorts), 7 regular season games, week long tournament for ages 7+, medal/trophy
- **Late Registration Fee: \$15**
 - Late registration must be approved by the program director. Availability is **NOT** guaranteed

Sports Director: Abbey Tarr

abbeyt@ymcacv.org — 828-464-6130

Sports Coordinator: Mattie Clark

mattiec@ymcacv.org

READY

SET

SCORE!

2024 Youth Flag Football Registration Form

Branch Location:

___ Hickory Foundation YMCA ___ Adrian L. Shuford, Jr. YMCA

Age Division:

___ 5-6 Coed ___ 7-9 Coed ___ 10-12 Coed

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Date of Birth: _____ Cell: _____

Other Parent/Guardian Name: _____ Date of Birth: _____ Cell: _____

Email Address (please print legibly): _____

Years Played Sport: _____

Child's Shirt Size:

___ Youth XS ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L
___ Adult XL

As a parent, I would like to:

Team Sponsor:

___ \$250, Business name on back of uniform

___ \$500, Business name on back of uniform and banner on the field

As a parent, I would like to:

Head Coach (Shirt Size: _____) OR Assistant Coach (Shirt Size: _____)

Special Requests: (Considered but NOT Guaranteed) _____

I hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Sport Programs. I do acknowledge the risk of injury and/or illness associated with playing sports at the YMCA of Catawba Valley. I agree to waive all claims, and hold harmless the YMCA of Catawba Valley staff, volunteers, coaches and sponsors. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA to transport my child to the nearest medical facility for treatment deemed necessary.

I support the YMCA Sports philosophy that is based on "Athletes first, winning second," participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I acknowledge the YMCA does not have to honor requests for coaches and or teammates because we intend to keep teams fair and balanced.

I understand that there is a registration deadline, which the YMCA must enforce, and there are no refunds as the program is conducted. I give permission to have my child's photo taken for YMCA publicity without repayment.

Parent/Guardian Signature: _____ Date: _____