



Ed Isakson/Alpharetta Family YMCA Flag Football 2009

Participating in YMCA sports will not only provide you with healthy regular exercise, but also provide you with an opportunity to make new friends, relieve the pressure from school, and provide you with the unique opportunity to be part of a team. YMCA sports programs are designed to provide age appropriate training throughout the various age groups. This program is available for all kids ages 5-13 and is designed to help your child progress through the sport as he/she grows. Limited scorekeeping and an ongoing commitment to good sportsmanship round out the program.

LEAGUE SCHEDULE:

Coaches Information Meeting: 11/11/09

* You will be contacted a week prior to the meeting with details if you volunteer to coach or co-coach

Assessments: 11/21/09

First Game: 12/05/09 Final Game: 01/30/10

FIELD LOCATIONS:

Game Locations: Games will be held on Saturdays at the Northwestern Middle School
OR Webb Bridge Middle School.

COST:

\$95 if you registered by 11/06/09

\$105 After Deadline

Uniform Fee: \$10

All Participants must be current facility or program members.

Program Memberships: \$25 per person; \$35 per family

PROGRAM SPECIFICS:

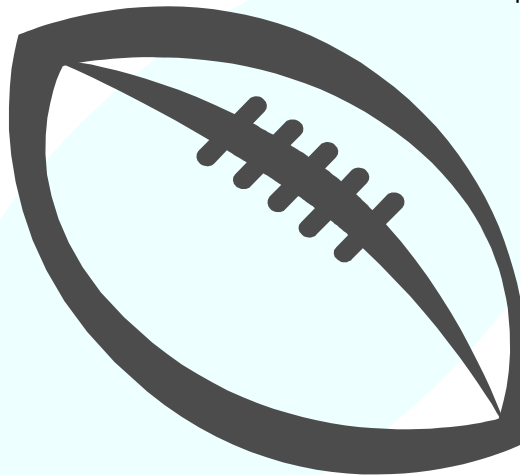
Games and practice time are held within the same allotted time on Saturdays. Additional week day practices are available based on coaches schedule.

There will be only 1 game per week for all age groups and all children receive a trophy.

This is a recreational league based solely on the introduction of the sport to the players.

Partner With Youth Campaign

Partner With Youth contributions fund YMCA programs for local children and families in our area. By contributing to the Partner With Youth annual campaign, you are investing in our children today and in our community for tomorrow. See reverse side to donate to the campaign today!



YSPORTS™

We build strong kids, strong families, strong communities.

Ed Isakson/Alpharetta Family YMCA 2009 Youth Flag Football Registration Form

Player's Name _____ Ethnicity _____
 Address _____ City _____ State _____ Zip _____
 School child attends _____ Years/Seasons Played _____
 Grade _____ Age _____ DOB _____ Sex _____ Home Phone _____
 Mother's Name _____ D.O.B _____ Cell # _____
 Father's Name _____ D.O.B _____ Cell # _____
 Email Address (PLEASE PRINT) _____

Cost: \$95/Participant

All Participants must be current facility or program members. Program Memberships \$25/person \$35/family.
 Financial assistance is available for those in need through our "Partner With Youth" program.

Uniform \$10 if needed: circle size: YS YM YL AS AM AL AXL

Age Groups - groups may be combined if need be

The YMCA will determine the age group your child should be placed in based on their birth date using the 8/1/09 age control date. If you wish to play UP in age group please indicate on special request line. Request granted upon coach approval after first practice. Please circle your child's age group:

5-6 years old

7-9 years old

10-13 years old

Visa/Mc/Disc/Amex # _____ Exp. Date _____ Cardholders Signature _____	Date Received _____ Registration Fee (\$95) _____ + Uniform (\$10) _____ + Membership Fee: (\$25 or \$35) _____ Total Amount Paid \$ _____
<input type="checkbox"/> Age 5-13 East: \$95 (ID: 17181) <input type="checkbox"/> Age 5-13 West: \$95 (ID: 17184)	

Volunteers

As a parent, I will participate in the program as a volunteer:

- Coach (Willing to Coach alone)
- Co-Coach (willing to coach with another volunteer)
- Team Parent (willing to help coaches with administration, i.e. phone calls, snack schedules)
- Partner w/ Youth Campaign - Would you like to donate to our Partner With Youth Campaign? \$ _____
 Donation is tax deductible and will be recognized

As a volunteer coach or co-coach, you decide when, where, and at what time your practice will be.

Volunteer's Name _____ Home # _____
 E-mail _____ Cell # _____

Special Requests

Please do not request day, time, or location. No special Request is ever guaranteed!

Player/Coach _____ Additional Request _____

General Waiver and Consent

I know that engaging in physical exercise is a potentially hazardous activity. I assume all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application for program participation, I hereby certify that I am medically able to participate in activities which shall be selected by me. I assume the sole responsibility for my medical condition at all times. I, for myself and anyone entitled to act on my behalf, waive and release the Ed Isakson/Alpharetta Family YMCA, sponsors, their representatives and successors, from all claims and liabilities of any kind arising from and out of my activities at or sponsored by the YMCA. I understand that photographs are periodically taken of the facility and those involved in activities, and that any likeness of me and/or family members may be used in public relations materials unless I request otherwise in writing to the Executive director. Furthermore, by signing below, I certify knowledge that absences from programs will not be made up-unless said absence is due to the closing of the area in question.

Signature Parent/Guardian _____

Date _____

**Return/Fax this form to the
 Ed Isakson/Alpharetta Family YMCA
 3655 Preston Ridge Road · Alpharetta, GA 30005
 Phone: 770-664-1220 · Fax: 770-664-0337**