



# PROGRAM REGISTRATION

## Youth Flag Football Fall 2018

### \*REQUIRED INFORMATION

Please complete this form and submit to:  
Cadillac Area YMCA  
9845 Campus Drive  
Cadillac, MI 49601

Cadillac Area YMCA  
(231) 775-3369  
www.CadillacAreaYMCA.org

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_

\*Zip \_\_\_\_\_ \*Home Phone \_\_\_\_\_

\*(ADULT 1) First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Gender M or F \*Date of Birth \_\_/\_\_/\_\_

(Adult 1) e-mail \_\_\_\_\_ cell phone \_\_\_\_\_

\*(ADULT 2) First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Gender M or F \*Date of Birth \_\_/\_\_/\_\_

(Adult 2) e-mail \_\_\_\_\_ cell phone \_\_\_\_\_

( CHILD ) First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Gender M or F \*Date of Birth \_\_/\_\_/\_\_

#### Other than Adult 1 or 2

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### FEE Per Participant:

CADILLAC AREA YMCA MEMBERS \$35

COMMUNITY MEMBERS \$45

Scholarship applications available at the YMCA

Payment due at time of registration

Deadline: June 30<sup>th</sup>

I am interested in volunteering as a ... (circle one)  
coach committee member game day volunteer

Volunteer name \_\_\_\_\_

Participant T-Shirt Size: YthMed – YthLg – Sm – Med – Lg – XL – XXL

Please check the box that most accurately describes the participant:

Player has previously played organized sports and understands the basics of football.

Player is relatively new to organized sports and/or has very little knowledge of football.

Payment Options: Check, Cash, Money Order, or Credit Card

**CREDIT CARD PAYMENT:** Name on Card \_\_\_\_\_ Card Type: VISA MASTER CARD DISCOVER

Card #                      Expiration Date \_\_/\_\_/\_\_

**This statement must be signed by a parent or guardian if under 18 or by the adult themselves if they are the participant:** I certify that my children have permission or that I consent to participate in YMCA Programs. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers against any and all claims arising out of my children's (or my) participation in YMCA Programs. I also certify that the program participant (myself or my children) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in YMCA Programs. I give my permission for photos and/or video to be taken and used for YMCA public relations purposes.

\*Signed \_\_\_\_\_ Date \_\_\_\_\_