



ARDMORE FAMILY YMCA Flag Football Form 2024



* Child must turn 4 by October 2024 in order to play *
* Child must be a YMCA member to receive member rate*
Members \$50 | Nonmembers \$75

Player's Name _____

Age _____ Birthdate _____ Male or Female (please circle)

Address _____ City _____ Zip _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Text me info on up-coming Y programs!
YES please No thanks
(please circle one)

Email Address _____ Email Belongs To _____

School attending _____ Grade (Fall 2024) _____

Emergency Contact _____ Cell # _____
(other than parent)

Comments _____

DIVISIONS:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="radio"/> Pre-school 4 | <input type="radio"/> Kindergarten | <input type="radio"/> 1st Grade |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 3rd Grade | <input type="radio"/> 4th -5th Grade |

** depending on number of sign-ups some divisions might be joined together **

T-SHIRTS SIZES (shirts run small)

- | | | |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="radio"/> Size XS 2-4 | <input type="radio"/> Size S 6-8 | <input type="radio"/> Size M 10-12 |
| <input type="radio"/> Size L 14-16 | <input type="radio"/> Adult Small | <input type="radio"/> Adult Med |

VOLUNTEERS NEEDED!

The YMCA could not function without the important positions of volunteers. If you are willing to assist with your child's team, please [pick up a volunteer registration](#) at the front desk.

** Yes! I WILL volunteer for my child's team: Head Coach Asst. Coach **

Volunteer's name: _____ Cell: _____

REFUND POLICY FOR 2024 FLAG FOOTBALL

Prior to coaches meeting, refunds are available with a \$15 processing fee. After coaches meeting, refunds will only be issued for medical reasons with a physician note.

Signature parent/guardian _____ Date _____

Please sign the required MINOR PARTICIPANT WAIVER on the reverse side

YMCA use only

CASH _____ | CHECK # _____ | Last 4 digits CC. _____ Paid: \$50 | \$75 | OTHER _____



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ARDMORE FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Ardmore Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Ardmore Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Ardmore Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)