



CHECK OUT
 FREMONT.YGAMETIME.COM
 OUR NEWEST WAY TO COMMUNICATE
 TO PARENTS!



PLAY HARD HAVE FUN!

7 & 8 YR OLD FALL FLAG FOOTBALL LEAGUE

Boys and girls 7 & 8 yrs old will learn the fundamentals of football in this league. Basic skills of running, passing and playing defense are taught in a fun atmosphere. Every participant will receive a team t-shirt. Games are played on Saturdays with practices held during the week. Practices will be twice a week until games begin, then continue once a week.

VOLUNTEER COACHES ARE ALWAYS NEEDED AND APPRECIATED!



EARLY REGISTRATION: NOW THRU MAY 31 \$18 MEMBER/ \$38 NON-MEMBER

OPEN REGISTRATION: JUNE 1 - JULY 15 \$35 MEMBER/ \$45 NON-MEMBER

PROGRAM RUNS: AUGUST - OCTOBER

QUESTIONS? CONTACT MOLLY AT 419-332-9622 OR MOLLYN@FRYMCA.ORG

Name:		Grade:	School:	DOB:	Gender: M F	
Address:			City:	Phone:		
Child's T-Shirt Size (circle one):	Y Sm (6-8)	Y Med (10-12)	Y Lg (14-16)	Ad Sm	Ad Med	Ad Lg
Parent T-Shirts (optional) \$12 each:	Ad Sm	Ad Med	Ad Lg	Ad XL	Ad 2XL	
Parent/Guardian Name:				Request:		
Email (used for updates and communication):						
<input type="checkbox"/> YES, I am willing to serve as a volunteer:		<input type="checkbox"/> Head Coach	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee	Shirt Size: _____	

Sandusky County YMCA Waiver: I hereby authorize the staff of the Sandusky County YMCA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Sandusky County YMCA from any and all liability for injuries or illnesses incurred while participating in its programs. I understand that participation carries some risk of injury. All participants must disclose any/all communicable diseases/conditions on medical waiver prior to first practice. The Sandusky County YMCA is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. The YMCA will be taking pictures. I hereby grant permission for program participant to be photographed and for the photograph to be used for promotional purposes by the Sandusky County YMCA.

Signature of Parent/Guardian: _____ Date: _____



Please return form to the YMCA front desk or mail with payment to:
 Sandusky County YMCA – 1000 North St. – Fremont, OH 43420

