

BOB FREESEN YMCA

Ultimate Flag Football/Flag Football Registration Form 2021



Name: _____ Grade: _____ Age: _____

Address: _____ Email: _____

Phone: _____

League: Ultimate (K-2nd) Flag (3rd-5th) Gender: Male Female

T-shirt Size: Yth Sm Yth Med Yth Lg Ad Sm Ad Med Ad Lg Ad XL

Volunteer Coaches are essential, would you be willing to coach? Yes No

Amount Paid: _____ Paid by: check / cash / credit card

Staff Initials: _____ Date: _____



BOB FREESEN YMCA
1000 Sherwood Eddy Lane
Jacksonville, IL 62650
P 217-245-2141



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ULTIMATE FLAG AND FLAG FOOTBALL

BOB FREESEN YMCA
FALL 2021



ULTIMATE FLAG FOOTBALL / FLAG FOOTBALL



General Rules:

Games are played 7 on 7 with no punts. Teams have 3 plays to reach midfield and then another 3 plays to score.

All players are required to have a mouthpiece.



League Days/Times: Ultimate Flag Football

Mondays 5:30-6:30 p.m.
6:30-7:30 p.m.

K-2nd grades

Play Begins: Mon., Sept. 13
Play Ends: Oct. 11

Flag Football

Tuesdays 5:30-6:30 p.m.
6:30-7:30 p.m.

3rd-5th grades

Play Begins: Tues., Sept. 14
Play Ends: Oct. 12

Fees:

Members: \$25
Non-Members: \$60

Registration Begins:

Registrations will be accepted beginning **August 9.**

Registration Deadline:

Registration ends **Saturday, September 4.** If you miss the deadline, please contact the sports coordinator, 217-245-2141. (A \$5 late fee will be applied to the original registration fee.)

Please return Registration to the YMCA.



In consideration for my child's acceptance as a participant in the athletic program of the Bob Freesen YMCA, I, for myself, my child, my heirs, executor, administrators, and assigns, do hereby release and discharge the Bob Freesen YMCA, its agents, representatives, officers, directors or employees of and from all claims or demands for damages, losses, or injuries incurred by my child during the course of participation in programs at the Bob Freesen YMCA. I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: video film or footage of my child, sound track recordings of my child, photo reproductions of my child, and any narrative account of my child's experience. My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Date _____

Parent or Guardian _____