



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAGIC VALLEY YMCA 2018 FLAG FOOTBALL REGISTRATION

Registration Information

Child's Name (Print): _____ DOB: ___/___/___

Parent's Name (Print): _____ DOB: ___/___/___

Parent's Signature: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Shirt Size: Youth S M L XL

1ST & 2ND GRADE *check one color*

RED BLUE ORANGE GREEN YELLOW BLACK LIME NAVY WHITE GRAY

3RD & 4TH GRADE *check one color*

RED BLUE ORANGE GREEN YELLOW BLACK LIME NAVY WHITE GRAY

Objective: A competitive flag football league where fun and player development are priorities.

Divisions: 1st & 2nd grades, 3rd & 4th grades (2018-2019 academic year)

Season: September 22 through October 27 every Saturday and is a 6-game season

Fee: Non-Members \$65 per player, YMCA Family Members \$45 per player

Game Site: Lighthouse Christian School Football Field, 960 Eastland Drive, Twin Falls, Idaho

Please contact Michael Kasel at michael@ymcatf.com

Or Jeaneth at Magic Valley YMCA (208) 733-4384 x 105

Are you interested in volunteering as a Coach? All we need is your:

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

***More on the back**

Indemnity Agreement and Guest Release

The YMCA of Twin Falls, Inc provides many recreational activities to members and the public. I, as a YMCA participant, understand that recreational activities do involve inherent risks which are beyond the control of the YMCA of Twin Falls, its staff, volunteers, and members. I, the undersigned, hereby assume all risks for the behavior, actions, and safety of me, my family members, and my child or children while involved in these activities.

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND RELEASE the YMCA, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, costs, and expenses, including attorney's fees, which may be asserted against the YMCA, its employees and agents, and which the undersigned may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned, my family members, and children using any facilities or equipment of the YMCA or managed by the YMCA. I have read this release of liability and understand its contents.

The YMCA reserves the right to take pictures of program or other activity for promotional purposes.

Sports Cancellation Policy

The YMCA reserves the right to cancel the program if a minimum number of participants is not met. If this occurs, the YMCA will give a minimum 4-day notice. If a session is cancelled, registrants will be offered in the following order: reschedule the program, credit on their YMCA account if the class does not fit into their schedule or a full refund if the class does not fit into their schedule.

Refund Policy

All refunds are subject to a \$5.00 service fee, unless a credit voucher is issued. YMCA member joiner fees, program deposits, registration fees, and gift certificates are not refundable.

Cancellations made less than 5 days prior to the start of a program will be issued a credit voucher or a transfer to another program.

Please allow 2-4 weeks for refunds. Credit vouchers can be applied to any YMCA program and can be used by any family member. They are not redeemable for cash. Vouchers expire 6 months from the date of issue and upon expiration are recorded as a contribution to the YMCA of Twin Falls Strong Kids Campaign.

Initial: _____

Make Up Policy

Games completely missed due to weather or safety issues will depend on availability of the Lighthouse Christian School Football Field.

I have read and understand the above release, refund policy and make up policy:

Parent's Signature: _____ Date: ___/___/___

FOR OFFICE USE ONLY

Check # _____ \$ _____ / Cash \$ _____ / CC \$ _____ / Receipt # _____

Date Paid: ___/___/___ Staff Initials: _____ Y Member Yes No

Staff Signature _____ Date: ___/___/___