



DICKSON COUNTY FAMILY YMCA 2022 SPRING FLAG FOOTBALL SIGN-UP FORM

YMCA STAFF USE ONLY				
Member ID	Staff	Date		
Diamenta Nama		A 44		
Player's Name:		Address:		
City: Zip	DOB:/	Age:		
How many years has your child pr	eviously played YMCA FI	ag Football?		
Gender (Circle One): Boy / Girl				
Parent name(s):		/		
	Father	Mother		
Phone:Father	/			
Email: (Important for sending out	information)			
the jersey size that is requested,	but this is not always po	ssible based on ordering deadlines.)		
BASIC ASSESSMENT:		ssible based on ordering deadlines.) g the best)) in the following categories. Please be		
BASIC ASSESSMENT: Please rate your child on a scale of	of 1–3 (circle one, 3 bein	<u>-</u> 		
BASIC ASSESSMENT: Please rate your child on a scale of	of 1–3 (circle one, 3 bein teams balanced to ensur	g the best)) in the following categories. Please be		
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Best phone number to reach you:

Email Address:				(most information will be communicated through email)	
Circle one:	Head	Assistant	Either		
Any Coach's R	Requests:				
If your child d One friend's n	lesires to be name: he Dickson		m as a friend	, please write his/her name on the line below.	
_	can include,	but is not limited the scoreboard.	d to: Setting (up and/or tearing down the fields, being in charge of down	
Yes, I am inte	rested in vo	lunteering. Name	:		
Best phone nu	umber to re	ach you:			
				(most information will be communicated through email)	
assume all ris	T AGREEME rtify that my sk{s) and ha	r child is in norma zards incidental t	o the conduct	capable of a safe participation in the youth sports program. It is of this program and for the transportation to and from the all treatment for my child in the event the parents cannot be	
2. I support Y			•	sed on participation, fun, physical fitness and health, skill nd volunteer leadership.	
3. I understan may not be gr		s are divided by a	age and that t	he YMCA will try to meet parent requests, but all requests.	
images and v playing, volun use of such p and/or your cl	ideo or audi teer activition hotographs hild may be	io recordings mades, including, but or recordings in a	de by the Rele not limited to, any medium r photographs	ed Parties all right, title, and interest in any photographic eased Parties during you and/or your child's participation in any royalties, proceeds, or other benefits derived from the low known or later conceived. You acknowledge that you or recordings, however, you shall not be identified as an	
Men's Christia association in	an Associati the United	ons of the United States and Puert	States of Am o Rico, from o	o Program, I agree to release the National Council of Young perica, and it's independent and autonomous member claims of negligence for bodily injury or death in connection other claims, including loss of property, to the fullest extent o	
Signature of F	Parent or Gu	uardian		DATE:	