

REGISTRATION DATES:

May 29 - August 9, 2010

Late Registration Available

August 10 - August 16, 2010

\$15.00 LATE FEE APPLIED

Late registrants are NOT guaranteed to be on the team they previously played for nor are they guaranteed to play for the team representing their school.

FOR: Boys & Girls 3rd - 6th grade from San Angelo and the surrounding areas.

3rd : Pee Wee Division

4th: Jr. Pee Wee Division

5th : Light Weight Division

6th: Heavy Weight Division

COST: Members \$60.00

Non-Members \$75.00

Equipment Rental

Helmet \$17.50

Shoulder Pads \$17.50

Registration Cost does not include uniform or equipment.

Financial Assistance is

Available to those who qualify. See the front desk for more information.

Team Formation: Teams are formed according to school or area. Player's who have played in the past are guaranteed to play with their 2009 team if desired.

REQUESTS WILL NOT BE

HONORED.

Season:

All teams are guaranteed 7 games including the Super Bowl. Season will start late September 2010.

Trophies will be awarded to all participants.

****All dates are subject to change.**

FOR MORE INFO:

Youth Sports Department
353 S. Randolph
San Angelo, TX
76903

Phone: 325-655-9106

Fax: 325-659-1952

E-mail: aflores@zipnet.us



YMCA YOUTH TACKLE FOOTBALL REGISTRATION CENTRAL DIVISION 2010

The San Angelo YMCA is now accepting registration for the 2010 Youth Tackle Football Season. The San Angelo YMCA has offered a youth tackle league to the youth of the community for over 50 years and is proud to be one of the largest leagues in the state of Texas. **All** students 3rd–6th grade are welcome to register to be a part of something great.

Students will be grouped by school. If there are not enough players from one school to fill a complete a team, the team will combine with the next closest school available for teaming up with. **Players ARE allowed to play up a division but MAY NOT play down for any reason.** No player may repeat the same division twice due to non advancement of a grade. If a player has been held back a grade he/she must play in the next division available. *Parent's are responsible for purchasing game pants and pad inserts, shoes, and any other equipment not provided by the sponsors.*

Please note the weight limit guidelines:

Pee-Wee Division: *3rd graders weighing a minimum of 55lbs. and a maximum of 125lbs., with a maximum weight of 105lbs. for those who play in a ball carrying position.*

Junior Pee Wee Division: *4th graders weighing a minimum of 55lbs. and a maximum of 150lbs., with a maximum weight of 115lbs. for those who play in a ball carrying position.*

Light Weight Division: *5th graders weighing a minimum of 60lbs. and a maximum of 160lbs., with a maximum weight of 130lbs. for those who play in a ball carrying position.*

Heavy Weight Division: *6th graders weighing a minimum of 70lbs. and no maximum weight to play. There is a maximum weight of 145lbs. for those who play in a ball carrying position.*

PLAYER INFORMATION:

Does your child have or have ever had any of the following:

GENERAL CONDITIONS:

- Fainting Y/N
- Headaches Y/N
- Epilepsy Y/N
- Asthma Y/N
- High BP Y/N
- Hernia Y/N
- Poor Vision Y/N
- Poor Hearing Y/N
- Allergies Y/N
- Heart Disorder Y/N
- Kidney Disorder Y/N
- Dental Plate Y/N
- Braces Y/N
- Joint Dislocation Y/N

INJURIES TO/SURGERY ON:

- Feet Y/N
- Ankles Y/N
- Knees Y/N
- Hips Y/N
- Lower Back Y/N
- Upper Back Y/N
- Abdomen Y/N
- Chest Y/N
- Neck Y/N
- Hands Y/N
- Elbows Y/N
- Shoulders Y/N
- Head Y/N
- Other: _____

Is your child currently taking any medications? Y/N

Does your child have any allergies? Y/N

Has a physician ever placed any physical restrictions on your child? Y/N

Does your child have any deformities? Y/N

Last tetanus shot: _____

Last dental exam: _____

Last eye exam: _____

(If you do not know the exact date simply write "up to date")

**2010 San Angelo YMCA
Central Division Youth Tackle Football Registration**

Child's Name _____ D.O.B _____

Address: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Father's Name: _____ Cell/Work: _____

Mother's Name: _____ Cell/Work: _____

Email Address: _____

(Used for the sole purpose of providing to the coach and for distribution of materials related to YMCA Football)

EQUIPMENT RENTAL

We will be renting the following:

- _____ Helmet
- _____ Shoulder Pads

My child is :

_____ New to the league

_____ A returning player from 2009

Do you wish to remain on the same team from 2009: Y/N

_____ 2009 Team or Coach

****Please note that the YMCA DOES NOT honor requests to be on specific teams**

REFUND POLICY: Full refunds are available only upon cancellation of the program. A refund requested before the first team meeting will be assessed a \$5.00 service fee. NO REFUNDS WILL BE GIVEN AFTER THE FIRST MEETING, UNLESS APPROVED BY THE YOUTH SPORTS DIRECTOR.

I GIVE MY PERMISSION FOR THE ABOVE APPLICANT TO PARTICIPATE AND WILL NOT HOLD THE YMCA OF SAN ANGELO, THE CITY OF SAN ANGELO, SAISD, OR ANY INDIVIDUAL OR ORGANIZATION CONNECTED WITH THE PROGRAM LIABLE IN CASE OF INJURY, DEATH OR LOSS OF PERSONAL PROPERTY. I HEREBY ACKNOWLEDGE THAT THIS PROGRAM PROVIDES LIMITED MEDICAL INSURANCE AND MY OWN MEDICAL INSURANCE WILL BE USED IN CASE OF AN ACCIDENT.

Parent Signature: _____

Date: _____

YMCA Mission: The San Angelo YMCA will serve the people in the people in the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind, and body through its programs, staff, facilities and the community.

Amount paid: _____

Today's Date: _____

CODE: 1016-1303117