

REGISTRATION DATES:
June 2 , 2010 - August 9 , 2010
Late Registration Available
August 10, - August 16, 2010
\$15.00 LATE FEE APPLIED

FOR: Boys & Girls 2nd - 6th
grade
from all 6-Man school districts in
the surrounding areas.
2nd - 4th Grade: Pee-Wee Division
5th -6th Grade: Heavy Weight Di-
vision

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 qual-
ify. See the front desk for
more information. Full pay-
ment must be made prior to
receiving equipment.*

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.

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 6-MAN

2010

The San Angelo YMCA is now accepting registration for the 2010 Youth Tackle 6-Man Football Season. The San Angelo YMCA is in its 3rd year of 6-Man football. All students in 6-Man school districts are welcomed to sign up and be a part of something great. Get Involved Today!

Students will be grouped by school. 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. Games will be played on Saturdays in San Angelo.

Please note the weight limit guidelines:

Pee-Wee Division: 2nd - 4th graders with a maximum weight of 115lbs. for those who play in a ball carrying position.

Heavy Weight Division: 5th & 6th graders , with a maximum weight of 145lbs. for those who play in a ball carrying position.

REGISTRATION IS AVAILABLE ONLINE!!!

Visit www.ymcasanangelo.org

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
6- Man 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

We 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