



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



7 V 7 Football League

7 ON 7 FOOTBALL HE. COULD. GO. ALL. THE. WAY.

The San Angelo YMCA offers an excellent opportunity for players of all skill levels; while reducing the risk of injury found in traditional tackle football. It is an environment that is fun and instructional with an emphasis placed on positions skills in the game of football.

When

Registration starts on March 15th, 2022, and ends on May 2nd, 2022.

Late Registration will be from May 3rd and ends on May 9th, 2022

The first game will be on Monday, June 6th, 2022.

Registration is available online at www.ymcasanangelo.org or in person at the YMCA.

Ages

7 to 14 year olds

Fees

Member: \$60.00

Non Member: \$75.00

Players can register as a team or individually.

Coaches must turn in a roster along with player's registration forms.

Coaches All YMCA teams are coached by volunteers; as a result, we are always looking for volunteers. If you are interested in coaching a team this season please contact the Welcome Center at 325 - 655 -9106

****Players will be required to wear appropriate concussion head gear.**

For more information contact Quinn Barfield (325) 655 - 9106 or email at qbarfield@ymcasanangelo.org

7 ON 7 Football 2022 Registration Form

Participant Information:

First and Last Name: _____ DOB: _____
Age: _____ Gender: F or M School: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Approximate Weight: _____
Additional Information we may need to know (conditions, allergies, injuries): _____

Primary Contact Information:

First and Last Name: _____ Relationship: _____
Cell Phone Number: _____ Cell Phone Carrier: _____
Primary Contact Email: _____

****Communication done through email to the primary contact, please write legibly.****

Emergency Contact:

First and Last Name: _____
Cell Phone Number: _____ Relationship: _____

Registration Information

My child is: _____ **New to the league** _____ **A returning player**

We wish to remain on the same team from 2021 : _____ Yes _____ No Team name or head coach: _____

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

WAIVER: I hereby, for myself and my agents, waive and release any and all rights and claims which may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage and my own insurance will be used in the case of an accident. By signing below, I am also giving permission for my child's picture or likeness to be used for promotional purposes of the YMCA Sports Department.

PHOTO RELEASE: Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by the YMCA of San Angelo hereby give my permission and consent, now and for all time, to the YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack recordings and photo reproductions of me/and or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising, and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first meeting. a \$10.00 fee will be assessed.

Parent's Signature : _____ **Date:** _____

Parent's Name Printed: _____