



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DOWN! SET! HIKE! YOUTH TACKLE FOOTBALL

REGISTRATION:

May 15 - August 3, 2023

Late Registration:

August 4 - August 10, 2023

(LATE FEES APPLY)

AGES:

3rd - 6th grade Boys and Girls

FEES:

\$70.00 for Members

\$85.00 for Non-members

WEIGHT REQUIREMENTS BY DIVISION:

- Pee-wee (3rd): 55 LB. min / 125 LB. max
Ball Carrier: 105 LB MAX
- Jr. Pee-Wee (4th): 60 LB. min / 145 LB max
Ball Carrier: 115 LB. MAX
- Lightweight (5th): 65 LB. min / 160 LB max
Ball Carrier: 130 LB. MAX
- Heavyweights (6th): 70 LB. min / No max weight
Ball Carrier: 145 LB MAX

FINANCIAL ASSISTANCE IS AVAILABLE:

The Y turns no one away due to the inability to pay. Financial assistance is available for all programs. Allow 7 to 10 business days for processing.

PROGRAM INFORMATION:

- All coaches are required to have HEAD'S UP CERTIFICATION offered by the CDC (<https://www.cdc.gov/headsup/youthsports/coach.html>).
- Teams are formed according to the school. Requests are not guaranteed.
- 7 games are guaranteed with an opportunity to travel.
- The YMCA Youth Tackle Football Program incorporates UIL rules and regulations in running its football program. We provide volunteer coaches with a variety of techniques and drills incorporated from the Head's Up Football program that is associated with USA Football.
- We work with SAISD and surrounding schools to play at a variety of places within the Concho Valley. The season is scheduled to start on September 10 and will be conducted mainly on Saturdays. Weekday reschedules are possible.
- Coaches determine practice times and sites for each team.
- Coaches are required to pass a criminal background check and undergo training in bullying and being a Y coach before coaching players.

FOR MORE INFORMATION, CONTACT THE WELCOME CENTER AT 325.655.9106 OR VISIT WWW.YMCASANANGELO.ORG



YMCA of San Angelo Tackle Football Registration

Participant Information:

First and Last Name: _____ DOB: _____
Age: _____ Grade: _____ 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

We will be needing the following additions: Helmet (\$30.00) _____ Shoulder Pads (\$20.00) _____

***** Equipment is limited and will be distributed on a first come first serve basis.*****

My child is: _____ **New to the league** _____ **A returning player** _____
We wish to remain on the same team from 2022 : _____ 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 \$5.00 fee will be assessed.

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

Parent's Name Printed: _____