



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ORGANIZED TEAM ACTIVITY

June 15 - July 28

REGISTRATION DATES:

June 15 - Start day of that camp

FEES PER SESSION:

\$43.00 Member / \$53.00 Non Member

**Register for 2 or more sessions and
receive \$10 off**

AGES:

Tackle Football 8 - 12 year old

7 ON 7 Football 6 - 12-year-old

PROGRAM INFORMATION:

OTA'S are a set of off-season training sessions that are used to help develop players and make them better at the different skill positions for the game of football. Instructors will focus on USA Football techniques allowing participants to improve and prepare for the upcoming football season. OTA's include conditioning, proper tackling, blocking, touch technique, drills, and skills that are specific to the game of football. ASU football players will be helping with the clinic.

Sessions will be held Monday - Wednesday,
5:45 pm - 7:45 pm.

Venue to be determined.

**Equipment will be issued at no extra
charge. These will need to be returned
at the end of session if not rented for
the tackle football season.**

Now registering for
11 - Man Youth Tackle
Football and 7 on 7 League.
Registration is available in-
house or online at
www.ymcasanangelo.org.

**DEADLINE:
AUGUST 11, 2021**

SESSIONS INFORMATION:

OTA for Lineman (Offensive/Defensive)
July 19 - July 21, 2021

OTA for Quarterback/ Wide Receiver/Cornerback
July 26 - July 28, 2021

OTA for 7 on 7
July 26 - July 28, 2021

OTA for Running Back / Defensive Back
August 2 - August 4, 2021

FOR MORE INFORMATION CONTACT SPORTS DEPARTMENT AT (325) 655 - 9106 or visit our Website:

www.ymcasanangelo.org



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YMCA of San Angelo
OTA Registration
OTA Dates: July 19 - August 2, 2021

Participant Information:
First and Last Name: _____ DOB: _____
Age: _____ Gender: F or M School: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
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: _____

T-shirt Size: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL

We will be needing the following sessions:

- _____ OTA For Lineman (July 19 - July 21)
- _____ OTA for Quarterback/Wide Receiver/Cornerback (July 26 - July 28)
- _____ OTA for Running Back/Defensive Back (August 2-August 4)
- _____ OTA For 7 on 7 (July 26 - July 28)

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: _____