

REGISTRATION:

May 22 - August 1, 2024 Late Registration:

August 2 - August 7, 2024 (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 14 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:	(WEIGHT REQUIRE	MENT FOR EACH DIVIS	ION OF PLAY NO EXCEPTIONS)		
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:					
**Commun	ication done through emai	l to the primary co	ntact, please write legibly.	**	
Emergency Contact:					
First and Last Name:					
Cell Phone Number:		Relati	onship:		
My child is:Ne	w to the league	A retur	ning player		
We wish to remain on the same to					
YMCA MISSION: The mission of the San Ang					
achieve their God-given potential in mind, t		·	- · · · · · · · · · · · · · · · · · · ·	- a , - a, - a. p - a	
WAIVER: I hereby, for myself and my agent: agent, sponsors, or any employees for any program. I hereby acknowledge that the prochild in the program, myself and my agents www.ymcasanangelo.org) I understand that choose to unregister at any time.	injury or any communicable illness si ogram provides no insurance coveraç understand and agree to follow all p	uch as COVID-19 which m ge, and my own insurance policies outlined in the Pa	ay be suffered in connection with my will be used in the case of an acciden rent & Participant Handbook. (Can be	child's participation in the t. By enrolling/registering my found online at	
PHOTO RELEASE: Additionally, in considera often used by the YMCA of San Angelo for and consent, now and for all time, to the YIUSA) and third parties collaborating with YI reproductions of me/and or my narrative aclegitimate business uses without any componence and particular commercial properties.	promotional purposes. For my partic MCA of San Angelo, The National Co MCA of San Angelo to make, reprodu count of my experience at YMCA of ensation to, and/or claim, by me. I m	ipation in activities to be uncil of Young Men's Chri uce, edit, broadcast or reb San Angelo for publicatio	conducted by the YMCA of San Angel stian Associations of the United State roadcast any video film, footage, sou n, display, or exhibition thereof in pro	o hereby give my permission es of America (YMCA of the ndtrack recordings and photo omotions, advertising, and	
REFUNDS: Full refunds will be issued only u	pon cancellation of the program. Sho	ould a refund be requeste	d prior to the first meeting. A \$10.00	fee will be assessed.	
Parent's Signature :			Date:		
Parent's Name Printed					