



Northern Lights YMCA—Delta Center

Flag Football Registration Form

Participant's Name: _____

Birth Date: ____ / ____ / ____ Age: ____ Sex: M or F

School: _____ Grade: _____

Address: _____

City: _____ Zip Code: _____

Parent / Guardian Name (please print): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

T-shirt Size (check):

- youth small (6-8)
- youth med. (10-12)
- youth large (14-16)
- adult small
- adult medium
- adult large
- adult x-large

CONSENT FOR PARTICIPATION

I wish to register the above named minor child and consent to my child's participation in the Northern Lights YMCA—Delta Center's Flag Football Program.

I agree that the Northern Lights YMCA is not responsible for my child's lost, stolen, or damaged personal belongings that my child brings to the Flag Football Program.

I hereby give my permission for any photographs or video recording of my child's participation in the Flag Football program to be used for YMCA publicity.

I give permission to the Northern Lights YMCA to secure emergency medical and / or emergency surgical treatment for the above named minor child.

*****IMPORTANT*****: Please note any significant medical problems, allergies, or medications below.

In case of emergency call:

Name: _____ Phone: _____

Name: _____ Phone: _____

I am willing to participate as a volunteer: (circle one or more)

COACH **ASSISTANT COACH** **OFFICIAL** **OTHER** _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please complete this form and return to:

The Northern Lights YMCA, P.O. Box 602, 2001 N. Lincoln Rd., Escanaba, MI 49829.
Phone (906) 789-0005. Website: www.ymcadelta.org Full payment is required at registration.