



2010 FUTURES TACKLE FOOTBALL

3RD - 4TH GRADE LEAGUE & 5TH - 6TH GRADE LEAGUE

Season Dates: August 12 – September 25, 2010

Registration Dates: July 12 – July 26, 2010

Program Fees:

YMCA Family Member rate	\$22.50
YMCA Youth Member rate	\$30.00
Non-Member rate	\$55.00

- * \$5 fee will be added to registration for replacement and maintenance of equipment
- * Registration After Deadline: *10.00 late fee will be added to registration & subject to roster availability

*****NEW for 2010*****

*A YMCA membership is not required to play Y Sports.

*A Speed / Agility Conditioning Component with Derik Budig & Staff will be offered.

YMCA Membership: \$11.00 / month
 (12 month obligation allows for usage of the YMCA during youth hours and program discounts)

Practice and Game Schedules will be posted on our website at: www.aberdeenymca.org

Contact Information: Dan Grewe 225-4910 Mike Flakus 228-9596 Zach Flakus 228-5483

2010 YMCA Futures Tackle Football Registration Form

All information below is REQUIRED:

Last Name _____ First Name _____

Address _____ City _____ Home Phone _____

Athlete's **Height:** _____ Athlete's **Weight:** _____ **Date of Birth:** _____

Grade & School Attending THIS Fall '10: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Are you willing to Coach? YES NO Name: _____ Phone: _____

Are you willing to be an Ass't Coach? YES NO Name: _____ Phone: _____

Primary Email Address: _____

YMCA WAIVER of Liability

*I give my permission for _____ to participate in **the Aberdeen Family YMCA Futures Tackle Football League**. I understand that accidents can and do happen and that the "Y" has no responsibility, assumes none, and carries no accident insurance for my child's medical expenses and well being. I waive all rights against the Aberdeen Family YMCA.

* I give the Aberdeen Family YMCA permission to use my child's picture in YMCA publications. YES NO

Parents signature _____ Date _____

******Office Use Only:** Staff Initials _____ Date _____ Receipt # _____ Amt Paid _____