

# Adult Flag Football

**SUMMERVILLE FAMILY YMCA**

**2007 Adult Co- Ed**

140 South Cedar St, Summerville, SC 29483

**Flag Football**

Telephone Sports Office: (843) 821-1028 Fax: (843) 821-0748

**REGISTRATION FORM**

**TYPE OF REGISTRATION:** INDIVIDUAL or TEAM

**TEAM NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Shirt Size** \_\_\_\_\_ **(Individuals Only)**

**DEADLINE FOR REGISTRATION IS November 19<sup>th</sup>, 2007**

**FEE:** **\$375.00** per team or **\$35.00 / \$45.00** per individual to be placed on the YMCA team. Each team is responsible for supplying its own uniforms and balls. As individuals register, each is placed on the YMCA teams as long as space is available.

**REFUNDS:** Ten days prior to season start a **\$10** administration fee and 50% of fee is deducted from individual and **\$25** administration fee for team refunds. **No Refunds** are given after the season has begun. **Allow 4 weeks** to process refund.

**PLAYERS:** Minimum of **8** / Maximum of **18** players on each roster. **Final rosters must be turned in before the first game is played. Games will be 7 vs. 7 players.**

**GAMES:** Games will be played on **Sundays starting at 9:00 am.**

**TOURNAMENT:** There will be an end of the season tournament. The format will be determined at a later date.

**SPONSORS:** We encourage each team to find a sponsor to help offset league fee.

**COACHES MEETING:** Will be held on **November 20, 2007 @ 7:30pm at Oakbrook.**

## AUTHORIZATION

I assume all risks and hazards incidental to participation in the above mentioned sport. I hereby waive, release, absolve, indemnify and hold harmless the YMCA, its organizers and/or supervisors for any claim arising out of an injury to me to the extent and in the amount covered by accidental or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should I become ill or injured while participating in league activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_