



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **FRIENDSHIP SPORTSMANSHIP CHAMPIONSHIP**

## **Conejo/Miller YMCA FLAG FOOTBALL LEAGUE REGISTER TODAY!!!**



### **Assessment Dates: (Please attend one)**

**Thursday, October 19th, 4:30-6:00**

Conejo Valley YMCA, Lower Field

**Wednesday, October 25th, 4:30-6:00**

Conejo Valley YMCA, Lower Field

**Saturday, October 28th, 9:00-12:00**

Conejo Valley YMCA, Lower Field

### **Member Fee:**

**PreK/Kindergarten (\$125) Non Member (\$165)**

**1st-8th grade (\$175) Non Member (\$215)**

**(Includes a \$50.00 refundable helmet deposit)**

League fee includes uniform, pictures and award.

### **League Starts:**

**Saturday, December 2nd**

Games are played on Saturday's at  
T.B.D

### **Grade Divisions:**

PreK/ Kindergarten

1st-2nd Grade

3rd-4th Grade

5th-6th Grade

6th- 8th Grade (open)

**We are proud to announce our new  
Flag Football League partner:**



**For more information contact Ray Cruz, Program Director, at [rcruz@sevymca.org](mailto:rcruz@sevymca.org)  
Conejo Valley YMCA , 4031 Moorpark Rd, Thousand Oaks, CA 91360  
Miller Family YMCA 320 Via Las Brisas, Newbury Park, CA 91320  
Call (805) 523-7613 or visit our website [www.sevymca.org](http://www.sevymca.org)**



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# Conejo/Miller Flag Football Registration Form

PLEASE PRINT CLEARLY ALL INFORMATION

## PLAYER INFO

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  Boy  Girl Prior playing experience  yes  No  
 Player's Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Current Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## ENROLLING PARENT/GUARDIAN INFO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Preferred E-mail Address for League/Team Notices: \_\_\_\_\_ (print legibly)

## OTHER PARENT/GUARDIAN INFO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Preferred E-mail Address for League/Team Notices: \_\_\_\_\_ (print legibly)

## COST INFO

### YMCA REFUND POLICY

100% minus \$25 processing fee before the start of the season; 50% after 1<sup>st</sup> game; No refund after 2<sup>nd</sup> game; Membership is non-refundable and non-transferable

#### Registration Fee:

Members (Pre K-K) \$75.00 per player (1<sup>st</sup>-8<sup>th</sup>) 125.00 per player

Non-Members (Pre K- K) \$115.00 per player (1<sup>st</sup>-8<sup>th</sup>) \$165.00 per player

### Plus a \$50.00 refundable helmet deposit

#### Parental Code of Conduct

I acknowledge that I have received, read and agree to the guidelines and policies included in the YMCA Football LEAGUE Program Manual and that as the responsible parent and/or guardian as well as primary role model for my child/children, I agree to demonstrate in my actions and language the code of conduct and league standards described in the Program Manual. I commit to supporting with my child/children the YMCA's Four Core Values of: Caring, Honesty, Respect and Responsibility. If I do not consistently demonstrate the conduct becoming to the YMCA BASKETBALL Program Guidelines, I understand that I may be expelled from the league at any time.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

#### Medical Release Statement

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the YMCA staff person present to hospitalize and/or to provide necessary medical attention for my child as named above. I give permission for my child to engage in supervised activities during the session(s) that I have registered for above. I also give my permission for the YMCA to use photos, slides, or videotaped material of my child or family for promotional purposes. I understand that the Triunfo YMCA does not carry health or accidental insurance on its members or participants. Expenses incurred in the treatment of illness or injuries are the responsibility of the participant and his or her insurance carrier.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

#### Concussion and Heat Exhaustion Information

By signing below I acknowledge receipt of information regarding concussion and heat exhaustion and will familiarize our family on the warning signs of both.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Volunteerism is encouraged at the YMCA. Mark below to indicate your willingness to serve.

Head Coaching  Assistant Coaching

Mentors, manuals, clinics, and moral support available.

Screening and Fingerprinting required

\*Volunteerism at the YMCA is a privilege, not a right.

Payment Info:  Check  Credit Card

\$ \_\_\_\_\_ CC # \_\_\_\_\_ EXP \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**MEMBER/CHILDREN  
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOUTHEAST VENTURA COUNTY YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereof and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Print Name: \_\_\_\_\_ Signature of Applicant/Parent: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature of other Adult/Parent: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Child in Program: \_\_\_\_\_