



# Richardson YMCA Pre-Season Flag Football Camp

Instructed by Raymond Vaughn

Camp Highlights	Focus on handoffs, passing, catching, route running, flag pulling, interception drills, ball awareness and safety.
Location	Richardson YMCA Gym
Date / Time	Saturday September 7 <sup>th</sup> . K-2 <sup>nd</sup> – 9:00AM – 11:00AM 3 <sup>rd</sup> and Up – 12:00PM – 2:00PM
Cost / Registration	\$25 per player. Register on-line or at the YMCA



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FOOTBALL CAMP REGISTRATION FORM

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age \_\_\_ Grade \_\_\_

How did you hear about us? \_\_\_\_\_

Mother/Guardian name \_\_\_\_\_ Father/Guardian name \_\_\_\_\_

### INJURY WAIVER

In case of accident, I can be reached at the numbers listed above. In the event that I cannot be reached or in the event of an emergency, I authorize the calling of medical services. In the event of an emergency, I give the YMCA or their representative's permission to provide first aid and/or to arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary emergency medical treatment to be performed by medical personnel. By my signature and of my own free will, I do hereby agree to indemnify and hold harmless the YMCA and its representatives from any, and all claims and demands, cost or expense arising out of any injuries sustained by myself or any party in which I am responsible. I give my permission for the use of photos taken by the YMCA.

Jewelry Policy: For your child's safety, jewelry cannot be worn by players during games except for medical or religious purposes-in this case it must be taped to the body. Earrings, necklaces and bracelets must be removed. Band-Aids/tape must be placed over newly pierced ears during games.

Refund Policy: Registration fees are not refundable after February 23<sup>rd</sup> and is subject to a \$10 administrative fee if issued beforehand.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only: Amount Paid \_\_\_\_\_ Member # \_\_\_\_\_ Staff Initials \_\_\_\_\_