BOB FREESEN YMCA

Football Clinic Registration Form 2020

Name: _____ **Grade:**_____ **Age:**_____

Address: _____ **Email:**_____

_____ **Phone:**_____

League: **Ultimate (K-2nd)** **Flag (3rd-5th)** **Gender:** **Male** **Female**

Amount Paid: _____ **Paid by:** check / cash / credit card

Staff Initials: _____ **Date:** _____

BOB FREESEN YMCA
1000 Sherwood Eddy Lane
Jacksonville, IL 62650
P 217-245-2141

08/20

FOOTBALL CLINIC

BOB FREESEN YMCA
FALL 2020

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOOTBALL CLINIC

The Youth Football Clinic is available for those who are ages Kindergarten to 2nd grade and 3rd to 5th grade (co-ed).

Youth Football Clinic is an instructional program focusing on the fundamental skills.

The Clinic will be held outside on the lower baseball field. It is a great introductory program for young children.

Participants will need cleats and a football.

The clinic runs for four weeks on Monday evenings.

All participants must follow IDPH Guidelines. Anyone not participating in gameplay should sit on the sidelines 6-feet apart from one another. Social distancing must be observed. Face masks must be worn when indoors and not actively participating. 30-feet social distancing will be observed between groups. Spectators are limited to immediate household members or guardians of participants.

Football Clinic Days/Times:

Kindergarten—2nd grade

Mondays 5:30-6:30 p.m.
Play Begins: Mon., Sept. 28
Play Ends: Oct. 19

3rd — 5th grade

Mondays 6:30-7:30 p.m.
Play Begins: Mon., Sept. 28
Play Ends: Oct. 19

Fees:

Members: $25

Non-Members: $50

Registration Begins:

Registrations will be accepted beginning **Wednesday, Aug. 26**

Registration Deadline:

Registration ends **Monday, September 21.** If you miss the deadline, please contact the sports coordinator, 217-245-2141.

(A $5 late fee will be applied to the original registration fee.)

Please return Registration to the YMCA.

Date _____

Parent or Guardian _____

the YMCA

In consideration for my child's acceptance as a participant in the athletic program of the Bob Freesen YMCA, I, for myself, my child, my heirs, executors, administrators, and assigns, do hereby release and discharge the Bob Freesen YMCA, its agents, representatives, officers, directors or employees of and from all claims or demands for damages, loses, or injuries incurred by my child during the course of participation in programs at the Bob Freesen YMCA. I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast: video film or footage of my child, sound track recordings of my child, photo reproductions of my child, and any narrative account of my child's experience, My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.