



# PARKER YMCA FLAG FOOTBALL MIGHTY MITE • AGES 4-6 COED

sponsored by



**Early Registration:** June 1 - August 13  
**Late Registration (\$10 T-shirt):** August 14 - 20

**Registration Fee: \$35 Member / \$50 Non-Member**  
(T-shirt included w/early registration)

### GENERAL INFORMATION:

- The goal of this program is to help the participants learn basic football fundamentals and skills, build coordination, gain confidence, develop a concept of teamwork and fair play all while having fun! Games will be held at the Mercy Sports Complex at the Parker YMCA on Mondays and Thursdays.
  - Coaches will inform players of practice and game times after coaches meeting.

**Practices Begin**..... Week of August 27  
**First Game**..... Week of September 10

**Last Game**..... Week of October 15  
**NO Game/Practice on Monday September 3**

**For More Information Contact Brodi Stewart (608) 754-9622 ext. 114 or [sports@ymcajanesville.org](mailto:sports@ymcajanesville.org)**

### YMCA OF NORTHERN ROCK COUNTY

Downtown Janesville - 608.754.YMCA - 221 Dodge St. Janesville, WI 53548  
Parker - 608.868.YMCA - 1360 Parkview Dr. Milton, WI 53563  
[www.ymcajanesville.org](http://www.ymcajanesville.org)

### Parker YMCA Flag Football Registration Form—One Form Per Person

**Register by mail, in person or fax credit card information to 608-754-9024 attention Brodi Stewart.**

Child's Name: \_\_\_\_\_ M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  Member  Non-Member

**SHIRT SIZE:** Child S Child M Child L Adult S Adult M Adult L Adult XL

If you would like to be placed with a specific coach or on a specific team please let us know in the space provided.

**Special Requests cannot be honored if registration is received during late registration periods.**

**SPECIAL REQUEST:** \_\_\_\_\_

**I WOULD BE WILLING TO VOLUNTEER AS A:**  Coach  Assistant  Official

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I am interested in sponsoring a Youth Sports Team please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



<b>Payment Method</b>	Name on Card _____
<input type="checkbox"/> Cash (in person only)	Card # _____
<input type="checkbox"/> Check # _____	Expiration Date _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	3-Digit Verification Code (on back of card) _____
*Refunds may only be issued if the YMCA cancels a program	Signature _____
	<b>AMOUNT ENCLOSED</b> _____