



# 2022 TACKLE FOOTBALL LEAGUE

## AUGUST 15 - OCTOBER 22, 2022

### for Youth in Grades 3 - 4 in Fall 2022

Grade school tackle football is just as safe if not safer than most youth sports with proper training and equipment. Tackle football is also one of the best ways to learn teamwork, dedication, hard work, commitment and many other valuable life skills. The focus of this league is safety, fundamentals and character building. All equipment is provided, except for mouth guards and football cleats.

- **Please note: youth who weigh over 90 pounds cannot play quarterback, receiver or running back.**
- **The registration deadline is July 29, 2022.** For more information, please contact Ashley at 920-467-2464 x207 or Matt at 920-451-8000 x117.

#### EQUIPMENT HANDOUT: WEEK OF AUGUST 8, 2022

The days and times will be emailed to parents.

#### SKILLS CLINIC: MONDAY, AUGUST 15, 2022

Registered players should plan to attend this clinic from 5:00pm - 6:00pm at the Sheboygan Falls High School to meet their coaches and receive information on practices. If your child cannot attend the clinic, please notify Collin.

#### PRACTICES

Volunteer coaches will lead two 1 ½ - 2 hour practices a week for the first 4 weeks. The practice day and time will be determined by the coach. After games begin on September 10, teams will only practice once a week.

#### GAME DATES

#### SATURDAY, SEPTEMBER 10 - OCTOBER 22, 2022

Games are on Saturday between 12:00pm - 3:30pm at the Sheboygan Falls High School, 220 Amherst Avenue.

#### COACH'S MEETING

#### THURSDAY, AUGUST 4 AT 6:00PM

The coach's meeting will be at the Sheboygan Falls YMCA. The time and commitment for a coach is 3 - 4 hours per week. Coaches are required to fill out a Volunteer Application Packet prior to the start of the season.

- Equipment must be returned by November 11, 2022 or a \$50 fee will be assessed.

### SHEBOYGAN COUNTY YMCA 2022 FALL TACKLE FOOTBALL REGISTRATION

Return to the YMCA at the address or fax number (credit card only) listed above.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Fall 2021 \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Health or Medical Considerations \_\_\_\_\_

**Volunteer Coach** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<input checked="" type="checkbox"/> <b>Community 22F1</b>	<input checked="" type="checkbox"/> <b>Grade</b>	<input checked="" type="checkbox"/> <b>Fee (includes \$25 equipment fee)</b>	<input checked="" type="checkbox"/> <b>Height, Weight, Head Size*</b>
<input type="checkbox"/> Cleveland 1YLEAGFBALL	<input type="checkbox"/> Grade 3	<input type="checkbox"/> \$74.00 YMCA Family Member	Height _____
<input type="checkbox"/> Kohler 2YLEAGFBALL	<input type="checkbox"/> Grade 4	<input type="checkbox"/> \$84.00 YMCA Youth Member	Weight _____
<input type="checkbox"/> Oostburg 2YLEAGFBALL		<input type="checkbox"/> \$104.00 Participant	Head Size _____
<input type="checkbox"/> Plymouth 2YLEAGFBALL			<i>*for correct size of jersey, pads, helmet</i>
<input type="checkbox"/> Random Lake 2YLEAGFBALL			
<input type="checkbox"/> Sheboygan 1YLEAGFBALL			
<input type="checkbox"/> Sheboygan Falls 2YLEAGFBALL			

**Click on button to email form.  
 YMCA will contact you for payment.**

**Payment**  
 Cash  Check # \_\_\_\_\_  Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_