



2024 MIGHTY MITE FLAG FOOTBALL LEAGUE

AUGUST 19 - OCTOBER 12, 2024

for Youth in Grades 1 - 2 in Fall 2024

This program includes volunteer-led practices, a skills clinic, modified games, teamwork and sportsmanship. Participation and FUNDamentals and are also the focus of this program. Participants are put on teams based on their community. There will be separate divisions per grade if possible. For more information, please contact Taylor at 920-451-8000 x121/tzastrow@sheboygancountyyymca.org or Ashley at 920-467-2464 x207/aliermann@sheboygancountyyymca.org. **The registration deadline is August 2, 2024.**

WEEK OF AUGUST 19, 2024

Parents of registered players will be called or emailed by their coach the week of August 19.

SKILLS CLINIC: MONDAY, AUGUST 19, 2024

Registered players should plan to attend this clinic from 6:00pm - 7:00pm at the Sheboygan Falls High School to meet their coaches and receive information on practices.

PRACTICES BEGIN THE WEEK OF AUGUST 19

Volunteer coaches will lead a one-hour practice once a week for the first 2 weeks. The practice day and time will be determined by the coach. After games begin on September 7, teams may still practice once a week.

GAME DATES

SATURDAY, SEPTEMBER 7 - OCTOBER 12, 2024

Games are played on Saturday afternoon between 12:00pm - 3:30pm at the Sheboygan Falls High School, 220 Amherst Avenue. **October 19 will be an inclement weather make-up day, if needed.**

COACH'S MEETING

THURSDAY, AUGUST 15 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.

SHEBOYGAN COUNTY YMCA 2024 FALL MIGHTY MITE FLAG FOOTBALL REGISTRATION

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

Name _____ Birth Date _____ Grade Fall 2024 _____ 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** _____

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|---|---|--|
| <input checked="" type="checkbox"/> Community 24F1 | <input checked="" type="checkbox"/> Grade | <input checked="" type="checkbox"/> Fee |
| <input type="checkbox"/> Cedar Grove 1YMIGHTY.. | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> \$30.00 Sheboygan County YMCA Family Member |
| <input type="checkbox"/> Howards Grove 2YMIGHTY.. | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> \$32.00 Sheboygan County YMCA Youth Member |
| <input type="checkbox"/> Elkhart Lake 2YMIGHTY.. | | <input type="checkbox"/> \$47.00 Participant |
| <input type="checkbox"/> Kohler 2YMIGHTY.. | | |
| <input type="checkbox"/> Oostburg 2YMIGHTY.. | <input checked="" type="checkbox"/> T-Shirt Size | |
| <input type="checkbox"/> Plymouth 2YMIGHTY.. | <input type="checkbox"/> Youth SM | <input type="checkbox"/> Adult SM |
| <input type="checkbox"/> Random Lake 2YMIGHTY.. | <input type="checkbox"/> Youth MD | <input type="checkbox"/> Adult MD |
| <input type="checkbox"/> Sheboygan 1YMIGHTY.. | <input type="checkbox"/> Youth LG | <input type="checkbox"/> Adult LG |
| <input type="checkbox"/> Sheboygan Falls 2YMIGHTY.. | | |

Email form to:
Ashley Liermann
aliermann@sheboygancountyyymca.org
OR
Taylor Zastrow
tzastrow@sheboygancountyyymca.org

Payment must accompany form or child will not be placed on a roster!

Payment

Cash Check # _____ Credit Card # _____ Exp Date _____ Sec Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____