



SPRING 7 VS 7 FLAG FOOTBALL LEAGUE SATURDAYS, APRIL 12 - MAY 31, 2025

for Boys and Girls in Grades 5K - Grade 5

Come join this 7 vs 7 flag football league! This program provides an excellent opportunity for youth to participate with others in a healthy activity led by volunteer coaches. The emphasis is on sportsmanship, skill development, teamwork, participation and doing one's best. This 7-week league includes competition from Sheboygan County. This is an individual registration program. **The registration deadline is March 20, 2025.**

- Teams will practice one night each week. Games will be played on Saturdays beginning at 12:00pm at Sheboygan Falls High School, Sheboygan Falls River Park or Sheboygan Vollrath Park (bowl). If there is inclement weather or poor field conditions, coach will have to make up games during the week during practice time.
- Teams will be combined by grade: 5K/1, 2/3 and 4/5.
- Each team will have a coach and will be given matching team t-shirts. Teams will have up to 10 players.
- Practice will begin one week before games start.
- Game format will consist of two 20-minute halves with running clock with a 5-minute half time.
- No games the weekend of May 24th (Memorial Day weekend).
- For more information, please contact:
 Leondre920-467-2464 x207 or ltownsend@sheboygancountyyymca.org
 Taylor920-451-8000 x121 or tzastrow@sheboygancountyyymca.org



SHEBOYGAN COUNTY YMCA 2025 SPRING 7 VS 7 FLAG FOOTBALL LEAGUE

Please return to the YMCA at 305 Buffalo St, Sheboygan Falls, WI 53085 or 812 Broughton Dr, Sheboygan, WI 53081

Parent/Guardian _____ Birth Date _____ M F
 Email _____ Phone _____
Child _____ Birth Date _____ Grade _____ M F
 School _____
 Address _____ City _____ State _____ Zip _____
Emergency Contact _____ **Phone #** _____

Parent Volunteer Coach

Name _____ 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 myself and/or my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

<input checked="" type="checkbox"/> Grade	<input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> T-Shirt Size	<input checked="" type="checkbox"/> Fee
<input type="checkbox"/> Grades 5K-1	<input type="checkbox"/> Cedar Grove	<input type="checkbox"/> Youth SM	<input type="checkbox"/> \$29.00 Sheb County YMCA Family Member
<input type="checkbox"/> Grades 2-3	<input type="checkbox"/> Elkhart Lake	<input type="checkbox"/> Youth MED	<input type="checkbox"/> \$31.00 Sheb County YMCA Youth Member
<input type="checkbox"/> Grades 4-5	<input type="checkbox"/> Howards Grove	<input type="checkbox"/> Youth LG	<input type="checkbox"/> \$46.00 Participant
	<input type="checkbox"/> Kohler	<input type="checkbox"/> Adult SM	
	<input type="checkbox"/> Sheboygan Falls	<input type="checkbox"/> Adult MED	
		<input type="checkbox"/> Adult LG	

Email form to:
ltownsend@sheboygancountyyymca.org OR
tzastrow@sheboygancountyyymca.org

Payment

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

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