



# ADULT ARENA FLAG FOOTBALL

Presented by The Y of Klamath Falls

Email address: \_\_\_\_\_

Player's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Team Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I will volunteer to captain a team \_\_\_ yes \_\_\_ no



## REGISTRATION DEADLINE

### EXTENDED THROUGH

SATURDAY, JANUARY 14,

2012

### **Adults**

**16 years and older**

**\$45 Y Members**

**\$60 Community**

5-week season/10 games  
Monday evenings & Saturday  
afternoons

*Pennies will be used instead of jerseys.  
Teams may provide their own team  
shirts if desired.*

*Teams organized on "first come/first served"  
basis. Special requests not guaranteed.  
Financial aid is available – applications must  
be submitted at least 10 days prior to  
registration deadline.*

### **No Refunds**

**Please register at the  
The Y of Klamath Falls  
1221 S. Alameda.**

\$10 late fee will be charged for  
registrations received after the deadline.

Member \_\_\_ Community \_\_\_ Staff Initials \_\_\_\_\_

To the best of my knowledge I am healthy and should have no physical problems upon participating in adult sports programs offered by The Y of Klamath Falls. I understand that the YMCA assumes no financial obligation for any injury that may occur. I give my permission to the YMCA to hospitalize and secure proper medical treatment for me should it become necessary. I also agree to behave with respect to others (i.e., players, coaches, referees, YMCA staff, and spectators) involved in the sports programs offered by the YMCA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if registrant is under 18) \_\_\_\_\_

The Y of Klamath Falls Phone 541-884-4149

FAX 541-882-6472

www.kfallsymca.org

