



YMCA of Greater Kalamazoo  
Parent and Emergency Information Form  
Youth Flag Football

Player's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact

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

Address \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Player \_\_\_\_\_

1. I hereby certify that the player is in good health and I accept responsibility for the player's health.
2. I give permission for the player to participate in the Youth Flag Football Program.
3. I give permission for myself or my player's likeness to appear in video or photographs used to YMCA promotional materials.
4. I give my permission for the YMCA staff to take whatever steps necessary to seek emergency medical help for my player.
5. I have been given the concussion athlete fact sheet and the concussion parent fact sheet.
6. As a parent, I will support the parents and players on each team, coaches and referees in a positive manner. If I cannot support in a positive manner, I will leave the athletic facility my child is participating in for the remainder of the game. Any issues will be brought to the Director immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_