



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILD SKILLS BUILD CHARACTER

Flag Football (4's & 5's) JOPLIN FAMILY YMCA

Registration: July 9 – August 17
Financial Aid Deadline: July 27
Practice begins week of August 27

It's not about whether you win or lose—it's how you play the game! At the Y, your child will learn to pass and score, but just as importantly, they will also learn teamwork and sportsmanship. Best of all, youth sports give your child the chance to learn firsthand the benefits of being healthy, active and involved.

SIGN UP TODAY!

You can register in person at the Joplin Family Y, online at joplinfamilyy.org, or by mailing your registration and payment to us at 3404 W. McIntosh Circle Drive, Joplin, MO, 64804. Financial aid applications are available at the Y. Please bring two forms of proof of income when you apply.

LEAGUES

4 & 5 Year Olds
(Child must be 4 years old by August 27 to participate).



United Way of
Southwest Missouri
& Southeast Kansas



THE JOPLIN FAMILY YMCA
3404 W. McIntosh Circle Dr.
417 781 YMCA

This is not a Joplin Schools sponsored event.

FALL 2018 YOUTH SPORTS REGISTRATION

OUTDOOR SOCCER

LEAGUES

4 & 5 Year Olds

SESSIONS

6 games and scheduled practices

LOCATION

Joplin High School—2104 Indiana Avenue, Joplin, MO

FEES

\$20 for members; \$55 for nonmembers
(\$5 late fee for registrations turned in August 20)

PRACTICES/GAMES

Practices begin week of Aug. 27. Games begin week of Sept. 10. No games on Wednesday, Friday or Sunday.

COACHES MEETING

Thursday, August 23, 6:00pm at the Joplin Family Y

ADDITIONAL INFORMATION

T-shirt and awards provided. Mouthpiece must be worn.

T-SHIRT SIZE

- Y-XS 2/4
 Y-Sm 6/8
 Y-Med 10/12
 Y-Lg 14/16

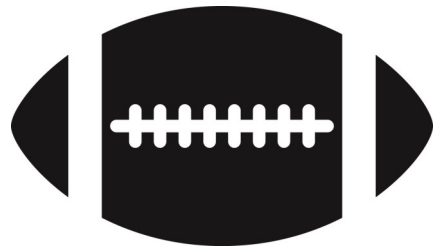
I would like to volunteer with my child's team:

- Head Coach Assistant Coach

Coach Shirt Size:

- Sm Med Lg XL 2X 3X

- I or my business would like information about opportunities to sponsor this team.



Name (one participant/form)

Birth Date _____ Grade _____ Age _____ Gender: Male Female

Address _____ City _____ State _____ Zip _____

School _____ E-mail _____

Contact #1 _____ Relation to Child _____ Phone _____

Contact #2 _____ Relation to Child _____ Phone _____

Coach Request _____ Player Request _____

PAYMENT INFORMATION: Check American Express MasterCard Visa Discover

Card No. _____ Expiration Date _____ CVV# _____

For parent or guardian: I hereby certify that the above child is in normal health and capable of participating safely in the Joplin Family YMCA Youth Sports Program. I also realize there is an inherent risk of injury in any sport and understand that my child plays at his/her own risk. I also understand that the Joplin Family Y may use for publicity and promotional purposes my child's name or pictures of him/her participating in this program without obligation or liability to me.

Parent/Guardian Signature _____ Date _____