SHEBOYGAN FALLS YMCA

305 Buffalo St, Sheboygan Falls, WI 53085 P 920-467-2464 • F 920-467-4641 www.sheboygancountyymca.org



SHEBOYGAN YMCA

812 Broughton Dr, Sheboygan, WI 53081 P 920-451-8000 • F 920-451-8019 www.sheboygancountyymca.org



2023 TACKLE FOOTBALL LEAGUE AUGUST 14 - OCTOBER 14, 2023

for Youth in Grades 3 - 4 in Fall 2023

Grade school tackle football is just as safe if not safer than most youth sports with proper training and equipment. Tackle football is also one of the best ways to learn teamwork, dedication, hard work, commitment and many other valuable life skills. The focus of this league is safety, fundamentals and character building. All equipment is provided, except for mouth guards and football cleats.

- Please note: youth who weigh 90 pounds and over cannot play quarterback, receiver or running back.
- The registration deadline is July 28, 2023. For more information, please contact Taylor at 920-451-8000 x121.

EQUIPMENT HANDOUT: WEEK OF AUGUST 7, 2023

The days and times will be emailed to parents.

SKILLS CLINIC: MONDAY, AUGUST 14, 2023

Registered players should plan to attend this clinic from 5:00pm - 6:00pm at the Sheboygan Falls High School to meet their coaches and receive information on practices.

PRACTICES

Payment

☐ Cash

Receipt # _

☐ Check #

Volunteer coaches will lead two 1 $\frac{1}{2}$ - 2 hour practices a week for the first 4 weeks. The practice day and time will be determined by the coach. After games begin on September 9, teams will only practice once a week.

☐ Credit Card # ___

GAME DATES

SATURDAY, SEPTEMBER 9 - OCTOBER 14, 2023

Games are on Saturday between 12:00pm - 3:30pm at the Sheboygan Falls High School, 220 Amherst Avenue. October 21 will be used as an inclement weather make-up day.

COACH'S MEETING THURSDAY, AUGUST 10 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.

• Equipment must be returned by November 10, 2023 or a \$50 fee will be assessed.

■ \$106.00 Participant

_____ Date ____

_____ Exp Date _____ Sec Code _____

Name			Birt	h Date	Grade Fall 2023	_
Address	 			City		
StateZip	Code	Phone	1		Phone 2	
Parent/Guardian			Eı	mail		
Health or Medical (Considerations					
Volunteer Coach		Phone		Email		
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_____ Amount Paid ______ Rec'd By ____