SCOTTSBLUFF FAMILY YMCA

BIDDY FLOOR HOCKEY

FOR AGES 3–6

4 Week Session: November/December

Program Dates: **Saturday Mornings** at the **YMCA**, **November 21—December 19**
NO HOCKEY ON NOVEMBER 28 (AFTER THANKSGIVING). LAST DAY WILL BE ON DECEMBER 19.

Registration Fee: $55 members & $65 non-members

Registration Deadline: Monday, October 26, 2026 **NO REGISTRATIONS ACCEPTED AFTER OCTOBER 26**

Coaches Packet Pick-Up: Tuesday, November 10, after 5:00 PM

Keep Top Portion

READ

PLEASE PROVIDE ALL STARRED INFO BELOW SO WE CAN EFFECTIVELY COMMUNICATE POGRAM DETAILS. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

***Child's Name:**		*◯ Male ◯ Female
*Age:	*Date of Birth:	*Grade:
*Shirt Size: **YOUTH** X S S M L X L	**ADULT** S M L X L	
*Health Conditions: ◯ No ◯ Yes, please explain:		

***Parent/Guardian Name:**		*◯ Male ◯ Female
*DOB:	*Email:	*Phone #:
*Address, City/State/Zip:		
*Emergency Contact:		*Emergency #:

Can you or someone you know help coach? ◯ Yes ◯ No

ALL VOLUNTEER COACHES WILL RECEIVE A FREE YOUTH REGISTRATION CARD TO USE FOR FUTURE YMCA PROGRAM.

Coach's Name:	**Shirt Size:** S M L XL 2XL 3XL
Coach's Email:	Coach's #:

Special Requests (coach, teammates, etc.):

We welcome requests & thoughtfully review/accommodate as many as we can. However, requests are not guaranteed. Final decisions will reflect the overall needs of the program.

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accidental or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name or pictures participating in this program, without obligation or liability to me or my family.

***Parent/Guardian Signature:**	* Date:

FINANCIAL ASSISTANCE AVAILABLE