



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## CLARION COUNTY YMCA

(814) 764-3400

499 Mayfield Rd. Clarion, PA 16214

[info@clarionymca.net](mailto:info@clarionymca.net)

[www.clarioncountnymca.org](http://www.clarioncountnymca.org)

# NERF QUARTERBACK CHALLENGE

**DESCRIPTION:** This one-day mini-tournament will challenge your indoor-football quarterbacking skills. Focus on throwing to a variety of different targets from short range to long bombs and crossing routes. Multiple divisions for youth ages 6-12, and teens. Tourney takes place Feb 12<sup>th</sup> at 6 pm in the gym. Cost: **\$5 for YMCA Members / \$10 for Non-Members.**

**WHEN?** Friday, February 12<sup>th</sup>, 6 pm

**WHERE?** YMCA Gymnasium

**WHO?** For ages 6-19

**COST?** \$5 for YMCA Members, \$10 for Non-Members

**ADDITIONAL INFORMATION:** YMCA will provide the footballs. You must sign a Covid-19 waiver to participate.

Participant's Name: \_\_\_\_\_ Circle: Male Female

Circle: Member ( \$20 ) Non-Member ( \$36 )

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Name (if under 18) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Do you give permission for the Y to take photos or videos of participant for the use of promoting YMCA programs? Circle:  
Yes No

The Y is a charity; no one is turned away for financial reasons. If financial assistance is needed, please acquire the Scholarship Application <https://www.clarioncountnymca.org/resources> and ATTACH WITH THIS REGISTRATION FORM

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**OFFICE USE ONLY:**

Total Payment Received: \$ \_\_\_\_\_ Information entered into Total Data? \_\_\_\_\_



# **CLARION COUNTY YMCA YOUTH SPORTS**

## **COVID-19 WAIVER AND ASSUMPTION OF RISK**

The Clarion County YMCA ("The YMCA") has put in place preventative measures to reduce the spread of COVID-19; however, the YMCA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending YMCA sports could increase your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending YMCA programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Name of Program Participant