



SHOW OFF YOUR SKILLS

SOUTHWEST IOWA FOOTBALL COMBINE 9th - 12th Grade Students RED OAK HIGH SCHOOL FIELDHOUSE

This Combine will be under the direction of Red Oak High School Football Coach Michael Nordeen and his assistants. Local college coaches will be in attendance.

Combine participants will receive a Performance Profile sheet documenting their evaluation that can be used for college recruiting. Participants will also receive a performance base shirt to be worn during the combine - Must register by April 25th. Players should wear shorts, tennis shoes or cleats, & gloves. Bring own water bottle.

WHO: Students currently in 9th - 12th grade

WHEN: May 6th, 2023, Rain or Shine

- OL/DL Players 10am - 12pm
- Skill Players 1pm - 3pm

WHERE: Red Oak High School Fieldhouse
2011 N. 8th St. Red Oak, IA

REGISTER: Online @ www.mcyymca.com

- If you have not participated in programs at our YMCA before please register for a new account and select, "Non-Member" as your membership type.
- Participated here before but don't know your account info? Select, "I am a **MEMBER OR PARTICIPANT** and I **DON'T KNOW** my credentials "

Or return form to: Montgomery County Family YMCA,
101 E. Cherry St., Red Oak, IA 51566

SHIRT DEADLINE: APRIL 25, 2023

COST: \$30 per student

MONTGOMERY COUNTY FAMILY YMCA
101 East Cherry Street, Red Oak, IA 51566
P 712 623 2161 F 712 623 4920 www.MCYMCA.com





SOUTHWEST IOWA FOOTBALL COMBINE

Please return payment & registration to:
Montgomery County Family YMCA 101 E. Cherry St., Red Oak, IA 51566
Or sign up online @ www.mcyymca.com

Participant's Name: _____
 Graduation Year: _____ Birth Date: _____ Gender: _____ Race: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Name(s): _____
 Contact #: _____ Alternate contact #: _____
 Email (REQUIRED): _____
 Medical Insurance Company & Policy #: _____
 Allergies: _____
 Current Medications: _____
 Any medical information or history that would be useful in the event medical treatment is necessary: _____

SESSION: OL/DL Players Skill Players
PERFORMANCE SHIRT SIZE: S M L XL XXL
COST: \$30

FINANCIAL ASSISTANCE:
 We need assistance paying for the program fee and would like to apply for Financial Aid. The YMCA's policy is "No One Is Denied" program participation due to cost. (3-months proof-of-income is required).
 We have already qualified for Financial Assistance. Please apply my discount.

WHERE DID YOU HEAR ABOUT THIS PROGRAM:
 From school A Friend Facebook Y Website Radio Newspaper Other: _____

-PARTICIPATION CONSENT-

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury or illness to the child by reason of the child's participation in the following activity: **Southwest Iowa Football Combine** does/do hereby consent to the child's participation in the activity.

Parents release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

The potential risks of participation include, but are not limited to, the risk of injury or illness to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent(s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury or illness to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name (Parent/Guardian)	Address	Telephone No.
------------------------	---------	---------------

If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature	Print Name	Date
---------------------------	------------	------