



Youth Sports Registration Form

Everyone plays at the YMCA

Many scholarships available, please ask if you need assistance.

Basketball **Flag Football** **Volleyball** **Track** **Frisbee**

Child's Name: _____

Sex: Male Female DOB: _____

Grade: _____ School: _____

	W/ Jersey	W/O Jersey
Fees: Kindergarten	<input type="checkbox"/> \$40	<input type="checkbox"/> \$25*
1 st – 6 th Grade	<input type="checkbox"/> \$70	<input type="checkbox"/> \$55*
*YMCA Members receive free jersey (must register at YMCA)		

Address: _____ City: _____ State: ____ Zip: _____

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

YMCA Member: No Yes # _____ E-Mail: _____

May we share your contact information with your teammates: Yes No

Special Requests will be fulfilled as available and will be honored in the following order: 1) coach, 2) player, then 3) school, it is possible due to number of players registered that requests can not be fulfilled. Remember requests are only requests.

Coach Request: _____ Player Request: _____ School Request: _____

I am willing to participate as a volunteer in support of the program as:

Coach Assistant Coach Official Team Parent Donor / Sponsor

PARTICIPATION AGREEMENT

- I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement.
- I understand that the YMCA's emphasis is on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

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

OFFICE USE ONLY: Date: _____ Amount Paid: \$ _____ Check#: _____ Cash: _____ Credit: _____

F/A Amount: \$ _____ Jersey Token Issued: _____ Staff Taking Form: _____

Team Placement: _____