

Youth Sports Registration Form

Please Circle Sport: **Football** **Dodgeball** **Basketball** **Volleyball**
Floor Hockey **Track & Field** **Soccer**

Name of Player _____

(Last) _____ (First) _____ (MI) _____
Male ___ Female ___ Birth Date _____ Grade _____ School _____

Name of Parent/ Guardian _____

Address _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

(Used to contact you about misc. news/updates. Not junk mail.)

I hereby certify that _____ is in good health and capable of participating safely in the Youth Sports Program at this time. Any medical information the YMCA needs to be aware of (i.e. asthma/severe allergies/diabetic/mental or physical disabilities) will be written in the space below. If his/her health status changes, I will notify the Family YMCA.

Medical Info:

Liability Disclaimer: As a parent/guardian of the above mentioned participant, I hereby hold harmless any YMCA staff or volunteers from any injury incurred while participating in the program. I assume all risk of loss or injury from my son or daughter's participation in this program.

I also agree to the usage of any photography of my son or daughter for promotional purposes (website, Facebook, brochures, etc.).

Parent/Guardian Signature _____ **Date** _____

T-shirts will be handed out the 2nd or 3rd practice of the season.

Please check a size.

Youth Small _____

Youth Medium _____

Youth Large _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult XL _____

VOLUNTEER COACHES NEEDED

___ I am interested in coaching

___ I am not interested in coaching

Thank you for your consideration.

For Front Desk Use Only:

PAID: Cash _____ Check (Check #) _____ Swipe (Auth. #) _____

Date: _____ Initial: _____