

YOUTH SUPER SPORTS™

We build strong kids, strong families, strong communities.

YMCA YOUTH SPORTS REGISTRATION FORM

Sport _____ League _____
Winners(8-12yrs):please specify time and day:
M&W ---6:00-7:00 or T&Th—6:00-7:00

Name of player _____ Sex _____ Birthdate ___/___/___ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____ Height _____ Weight _____ School _____

Grade _____ Special Health Needs/Special Requests _____

First-time Participant _____ Previous seasons as a participant _____ T-shirt size S M L (circle one)

Parent(s) name(s) _____ Work Phone _____
(Last) (First)

Guardian(s) name(s) _____ Work Phone _____
(Last) (First)

In emergency, contact: _____ Phone _____ Relationship _____

AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

2. I support YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

3. I am willing to participate as a volunteer in support of this program as a: (circle one or more):

Coach Assistant Coach Official Other _____

Preferred league _____

Signature of Parent or Guardian _____ Date _____

For Office Use

Date ___/___/___ Amount Paid \$ _____ Check # _____ Cash _____ Receipt # _____

Scholarship amount _____ Team Assignment _____

Notes: