



**FOR OFFICE USE ONLY**  
 Payor #: \_\_\_\_\_  
 Child #: \_\_\_\_\_  
 Staff Initials \_\_\_\_\_

## YOUTH SPORTS REGISTRATION FORM

Registering for:       Spring Soccer                       Fall Soccer  
                                   Tee Ball/Coach Pitch               Winter Basketball

**Participant Information**

Participant's Name \_\_\_\_\_ Name Called \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender: Male Female      **Grade** \_\_\_\_\_  
 Medical Concerns/Special Needs \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Request(s) \_\_\_\_\_

**Family Information**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Youth Sports Program Policies**

- ✓ **Photography** – I permit the YMCA to use pictures of my child as a program participant in promotional literature, promotional videos, and the YMCA website, which are published and used by the YMCA. I understand that my child's name will not be published.
- ✓ **Accident Insurance** – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
- ✓ **Medications** – The YMCA will only administer medication when directed to do so in writing with the permission of the parent or guardian. However, in the event of an emergency, in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.
- ✓ **Blood Borne Pathogens Exposure** – I understand that, while my child is in the care of the YMCA, if a child is exposed to a bodily fluid on broken skin or mucus membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children.
- ✓ **Cancellations and refunds** – In understand that non-attendance does not entitle me to a refund. I understand that refunds are not granted due to illness, vacation or when YMCA programs are cancelled due to inclement weather. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 45 days of cancellation. Program payment is not transferable from one YMCA program to another or from one YMCA branch to another. **A written cancellation is required for refund prior to the start of the season and is subject to a \$15 fee. No refunds will be given for cancellations once the season has started.**
- ✓ **Sportsmanship** – As a parent or legal guardian, I understand that this YMCA Sports program is an instructional and fun league representing positive values and good sportsmanship. I will support the YMCA goals, as well as coaches, referees and staff in teaching these values.

**Please Note**

If there are not enough players for each team, some teams will be consolidated. YMCA Youth Sports events may be cancelled or postponed due to inclement weather. Please refer to the website for the most up-to-date information concerning cancellations in the event of severe weather. In its practices, the YMCA does not discriminate based on race, creed, and disability, national or ethnic origin.

I have read and understand the policies stated above \_\_\_\_\_

<b>Fee: \$70.00</b> Payment Method _____	<b>Age Group:</b> <input type="checkbox"/> Mini-Soccer (Mon.) <input type="checkbox"/> Pre-K (Tues.) <input type="checkbox"/> 3 <sup>rd</sup> & 4 <sup>th</sup> <input type="checkbox"/> PK-K (Mon.) <input type="checkbox"/> 1 <sup>st</sup> & 2 <sup>nd</sup> <input type="checkbox"/> 5 <sup>th</sup> , 6 <sup>th</sup> & 7 <sup>th</sup>
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