YMCA Youth Sports Registration

Sport:_____

Child's Name _____ **Sex**_____ **Age**_____

School_____ **Grade**_____ **Birth date**____/____/____

Parents_____ **Address**_____

City_____ **State**_____ **Zip**_____ **Home Phone**_____

Mother cell phone_____ **Work phone**_____

Father cell phone_____ **Work phone**_____

E-mail address_____

Please select an age group:

q **Tiny Tot (age 3)** q **Kindergarten** q **3rd-4th grade girl** q **5th-6th grade girl** q **7th-8th grade girl**
q **Pre-K (age 4-5)** q **1st-2nd grade** q **3rd-4th grade boy** q **5th-6th grade boy** q **7th-8th grade boy**

Height _____ **Weight**_____ **Experience/Limitations**_____

T-shirt size: q **Youth Small** q **Youth Medium** q **Youth Large**
q **Adult Small** q **Adult Medium** q **Adult Large** q **Adult X-Large**

I would like to volunteer as a q **Coach** q **Assistant Coach**

Coach/Player Request_____

Payment amount_____ q **Cash** q **Check**

q **Visa** q **Mastercard** q **Discover** q **American Express**

Credit card number_____ **Expiration Date**_____

Name on card_____ **Signature**_____

In case of emergency, please contact:

Name_____ **Relationship**_____

Phone_____ **Work phone**_____

I hereby certify that my child is in normal health and capable of safe participation in the YMCA Youth Sports program. I assume all risks 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 parents and the emergency contact provided cannot be reached. My child may be photographed for promotional purposes.

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Signature **Date**