



YMCA Youth Sports Registration

Sport: _____

Child's Name _____ Sex _____ Age _____

School _____ Grade _____

Parents _____ Address _____

City _____ State _____ Zip Code _____ Home Phone _____

E-mail _____

(please select an age group.)

Course Number: _____

- Rookies (co-ed Ages 3-5yrs)
- Kindergarten
- Grades 1-2
- Grades 3-4 Boys
- Grades 3-4 Girls

T-shirt size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

I would like to volunteer as a Coach Assistant Coach

Coach/Player Request _____

Payment amount _____		<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex
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.

Signature _____

Date _____

