

South County Family YMCA Youth Sports Registration Form

Course Number # _____ Sport _____

Player's Name _____ Phone _____

Address _____ City _____ Zip _____

Age ____ Grade ____ Gender ____ Birthdate ____/____/____ Years of Experience ____

E-mail Address (to contact you about important info) _____

School _____

T-shirt size Youth S__ Youth M__ Youth L__ Adult S__ Adult M__ Adult L__ Adult XL__

I would like to play with (coach and/or peer) _____

Teams are divided equally by age. We cannot guarantee that all requests will be honored.

Special Health Needs _____

Emergency Contact _____

Emergency Contact Phone Number _____

Mother's Name _____ Home phone _____

Employer _____ Work phone _____

Father's Name _____ Home phone _____

Employer _____ Work phone _____

Get Involved . . . We need you to coach! Yes I would like to Coach ____ Assist ____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the South County Family YMCA 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 South County Family YMCA to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached.

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

Signature _____ Date _____

Paid by Check__ Mastercard__ VISA__ Discover__ American Express__

Credit Card Number _____ Exp. Date _____

Name as it appears on Card _____

Choose from 4 ways to register

1. **In Person.** Drop this form off with payment at the South County Family YMCA
2. **Mail.** Complete this form and mail with payment information to the South County Family YMCA,
12736 Southfork Rd., St. Louis, MO 63128.
3. **Fax:** Fax this form with payment information to (314)842-4108.