



304-757-0016

# REGISTRATION FORM

200 Carls Lane, PO Box 737, Scott Depot, WV 25560

OFFICE USE ONLY	
Receipt # _____	
Amount Paid \$ _____	
Date _____	Staff Initials _____

www.tri-countyymca.org



Participants Name \_\_\_\_\_ MALE FEMALE

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity: (circle one) White/Caucasian / Black-African American / Hispanic / Asian / Mixed / Other

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell or Email \_\_\_\_\_

Emergency Contact Information (must be someone other than parents/guardians)

Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Special Requests/Health Needs: \_\_\_\_\_

Medication (s): \_\_\_\_\_

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

### WAIVER of LIABILITY:

I hereby certify that I am engaging in the sports program voluntarily and am in normal health and capable of safe participation in the sports program. I assume all risk(s) and hazards, incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for me in the event that the emergency contact cannot be reached. Refunds or credit memos will be issued only if the YMCA must cancel a program. Participants who are unable to complete a program due to illness may receive a partial refund or credit with written verification from a doctor.

PICTURE RELEASE: I DO / I DO NOT (circle one) give permission to have my picture appear in any media type coverage approved by the Tri-County YMCA.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/GUARDIAN

\_\_\_\_\_  
DATE

FEE: MEMBERS: \$20.00      NON-MEMBERS: \$40.00

Divisions: Advanced / Recreational (circle one)

Team Name \_\_\_\_\_

<b>YMCA MISSION STATEMENT</b> To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all
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**ADULT RAQUETBALL LEAGUE**