



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

757-0016

Participants Name _____ Male / Female

Date of Birth: Month _____ Day _____ Year _____ Age _____

Ethnicity:
_____ White/Caucasian _____ Black/African American _____ Hispanic _____ Asian _____ Mixed _____ Other

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

Special Requests/Health Needs: _____

Medication (s): _____

FEE: MEMBERS: \$20 NON-MEMBERS: \$40.00

Divisions: Advanced Recreational (circle one)

Team Name _____

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

WAIVER of LIABILITY

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parent(s), or guardian(s), or contacts cannot be reached.

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

DATE

YMCA MISSION STATEMENT

To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all

ADULT RACQUETBALL