



# REGISTRATION FORM

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

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

757-0016

[www.tri-countyymca.org](http://www.tri-countyymca.org)

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 \_\_\_\_\_ Email \_\_\_\_\_

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

Emergency Contact #1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

FEE: MEMBERS: \$20 NON-MEMBERS: \$30.00

Divisions: **Advanced** **Recreational** (circle one)

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

I support the YMCA youth 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/GUARDIAN

\_\_\_\_\_  
DATE

### YMCA MISSION STATEMENT

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

**Adult Co-Ed Volleyball**