



# YMCA

Tri-County

## REGISTRATION FORM

OFFICE USE ONLY

Receipt # \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

757-0016

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 \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

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

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

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

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

FEES: MEMBERS \$42.00 NON-MEMBERS \$65.00  
Division 1: ages 6—8 \_\_\_\_\_ Division 2 & 3: ages 9—14 \_\_\_\_\_

EXPERIENCE LEVEL: Please circle your child's experience in this sport: No Experience / Average for Age / Advanced  
0 1 2 3 4 5

SHIRT / UNIFORM SIZE Please select one youth or adult size shirt:

Youth Sizes \_\_\_\_\_ Small (6-8) \_\_\_\_\_ Medium (10-12) \_\_\_\_\_ Large (14-16)

Adult Sizes \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ Other

### VOLUNTEER INFORMATION

We need your help! Volunteers are what make a difference in our programs. If you would be willing to help change lives, please circle all that apply and give us your name and phone number.

Coach

Assistant Coach

Volunteer Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**SPECIAL REQUESTS** Please list no more than 2 names for teammates. Siblings in the same division should be placed here. NO request is guaranteed!

FLAG FOOTBALL