YMCA Tri-County

REGISTRATION FORM

☐ 757-0016

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

Address_____ **City**_____**Zip** _____

Parents Name(s) _____

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** _____

Ages: 4—12 years **FEES: MEMBERS – $42.00** **NON-MEMBERS – $65.00**

EXPERIENCE LEVEL: **Please circle your childs 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 **VOLUNTEER COACHES NEEDED!!!**

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.

_____ _____

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!

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