



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

YOUTH SOCCER 2018

Participants Name: _____ Male / Female

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____
Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Home: _____ Cell (1): _____ Cell (2): _____

Email: _____

Parents Name(s): _____ / _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

***Yes/No Would you like to receive text messages regarding information about your child's sport?**
Phone Number: _____ Carrier: _____

Ages 4-12 years
Members: \$65
Non-Member: \$90

Spring Soccer

Indoor Soccer

Y-Winners Outdoor Fall Soccer

EXPERIENCE LEVEL: Circle years experience in sport: 0 1 2 3 4 5

Special Requests: Siblings in the same division should be placed here. **No Request Guaranteed.**

1.Name: _____ DOB _____ Reason _____

2.Name: _____ DOB _____ Reason _____

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, along with your name.

COACH ASST. COACH Name: _____

SHIRT SIZE

Y-Small (6-8) Y-Medium (10-12) Y-Large (14-16) Adult Small Adult Medium Adult Large Other: _____

Waiver of Liability

I hereby certify that my child is (or I am) 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 (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

YOUTH SPORTS

Youth Sports

Participants Name: _____ Male / Female

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____
 Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Primary: _____ Secondary: _____

Email: _____

Parents Name(s): _____ / _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

***Yes/No Would you like to receive text messages regarding information about your child's sport?**

Phone Number: _____ Carrier: _____

Members: \$60	Members: \$50	Members: \$55
Non-Members: \$90	Non-Member: \$75	Non-Members: \$80
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Skills Basketball	<input type="checkbox"/> Home School PE

Members: \$60
 Non-Members \$85
 Y-Winners Basketball

EXPERIENCE LEVEL: Circle years experience in sport: 0 1 2 3 4 5

Special Requests: Siblings in the same division should be placed here. **No Request Guaranteed.**

1. Name: _____ DOB _____ Reason _____
 2. Name: _____ DOB _____ Reason _____

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, along with your name.

COACH ASST. COACH Name: _____

SHIRT SIZE
 Y-Small (6-8) Y-Medium (10-12) Y-Large (14-16) Adult Small Adult Medium Adult Large Other: _____

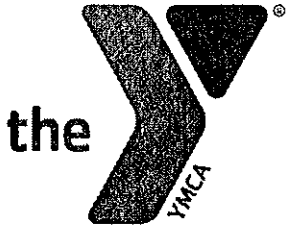
Waiver of Liability

I hereby certify that my child is (or I am) 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 (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

PRIVATE SWIM LESSONS

Participants Name: _____ Male / Female

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

Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Home: _____ Cell(1): _____ Cell(2): _____

Email: _____

Parents Name(s): _____ / _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

ALL PRIVATE SWIM LESSONS MUST BE SCHEDULED
 BY MINDY HUFFMAN OR SCOTT ELLIS

WV Wild Private

<input type="checkbox"/> 30 minute lesson	Member: \$23	Non-Member: \$30	\$23
<input type="checkbox"/> 1 hour lesson	Member: \$34	Non-Member: \$45	\$46

Waiver of Liability

I hereby certify that my child is (or I am) 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 (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____