



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Program Registration Form

Please Check One: YMCA Member _____ Non YMCA Member _____

Participant's Name _____ Male / Female Age _____ Birth Date _____

Parent / Guardian Name _____

Address _____

Primary Contact Number _____ Emergency Contact Number _____

Parents Email Address _____

School Attending _____ Grade Level _____

Special Health Concerns _____

Special Request _____

Although we try very hard to accommodate as many people as possible we cannot guarantee your request will be granted.

This waiver of liability must be signed by a parent/legal guardian for registration to be valid. As the parent/legal guardian of the participant, I herby certify that my child is in normal health capable of safe participation in the YMCA sports program and release its representatives for any suit, injury claim, or demand which might result from participation in the program. I herby authorize the Clinton County Family YMCA to obtain medical treatment for my child in the event that I cannot be reached. The YMCA has permission to use photographs of my child in YMCA promotional materials. I further agree to follow the parent's code of ethics. This waiver and liability & indemnify agreement is an express condition of participation in the program and is freely and knowingly executed.

Parent / Guardian Signature _____ **Date** ____ / ____ / ____

Program / Sport _____ Day / Time (If applicable) _____ / _____

Years / Seasons Played _____ Skill Level: Beginner / Intermediate / Advanced Approximate Height ____ Ft ____ In

Shirt Size (only when applies) Please Circle one

Youth Sizes XS (4-6) YS (6-8) YM (10-12) YL (12-14)

Adult Sizes AS AM AL XL

Coaches and Team Sponsors are needed. Without Volunteers, our program cannot exist!

As a volunteer, you are guaranteed to be placed with your child's team.

COACH ASSISTANT COACH Name of Volunteer(s): _____

Would you like to sponsor a team? Yes _____ NO _____

Donate to the Community Partners Campaign, partnering together to create a healthier community.

\$10 \$20 \$30 \$40 Other Amount \$ _____