

Central YMCA Youth Sports Registration Form

Please fill out and turn in with payment to Member Services at the Central YMCA

Player Name: _____

Age: _____ Birth date: ____/____/____ Sex: Male Female

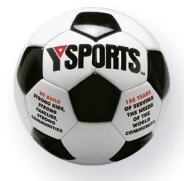
Parent(s) Name: _____

Address: _____

City, State, Zip: _____

Home Ph: _____ Mobile Ph: _____

E-Mail: _____



Please list the league(s) you are registering for on the corresponding season line(s) below:

Fall 2007: _____

Winter 2008: _____

Spring 2008: _____

Summer 2008: _____



T-Shirt Size (shirts are 50/50; select the size accordingly):

YXS YS YM YL YXL AS AM AL AXL AXXL

If you choose a size that does not fit your child, a replacement t-shirt will cost \$6.

Volunteer Opportunities: I am interested in volunteering as a...

___ Referee ___ Team Parent ___ Head Coach ___ Assistant Coach

We do our best to accommodate special requests.



Note to Parent/Guardian: I hereby certify that the above named child is in normal health and capable of participating safely in Y-Sports. I grant permission for the above named child to participate in this program.

Parent/Guardian Signature: _____

Emergency Treatment Release

As a parent and or guardian of _____ a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Family Physician: _____ Phone: _____

Allergies/Conditions (please describe): _____

Emergency Contact: _____ Phone: _____



Parent/Guardian Signature

Date