

Youth Sports Registration Form



We build strong kids,
strong families,
strong communities.

Child's Name: _____

Sport: _____ Age: _____ Male Female

Home Phone: (____) _____ Grade: _____ School: _____

Street Address: _____ City: _____ Zip: _____

T-Shirt Size (circle one): Youth small (6-8) Youth medium (10-12) Youth large (12-14)
Adult small Adult medium Adult large

Child's Limitations or Cautions: _____

Special Requests (requests are not guaranteed): _____

Parent/Guardian Info:

Parent/Guardian Name: _____ Phone: (____) _____

Parent/Guardian Name: _____ Phone: (____) _____

Email Address: _____

Emergency Contact (other than household): _____ Phone: (____) _____

I am willing to volunteer as: Coach Assistant coach Referee Other

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any such coverage for its participants.

AUTHORIZATIONS and RELEASE:

Photograph Permission: I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Seattle, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support the YMCA youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Signature of parent or legal guardian: _____ **Date:** _____