



# Youth Sports Registration

## YMCA at White Rock

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 (Last) (First)

Mailing Address: \_\_\_\_\_  
 (Street) (City) (Zip)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
 2010-2011 School Year

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address *(please print)*: \_\_\_\_\_

- Sports Season:**
- Fall Soccer
  - Winter Cheerleading
  - Summer Volleyball
  - Fall Flag Football
  - Spring Soccer
  - Summer Baseball
  - Fall Volleyball
  - Spring Flag Football
  - Summer Hoops
  - Winter Basketball

- Pre-K Sports Clinics**
- Fall Soccer Clinic
  - Winter Basketball Clinic
  - Spring Soccer Clinic

- Week-Long Camps:**
- Spring Jam Camp
  - Summer Volleyball Camp
  - Summer Baseball
  - (Mon-Fri)**  (Spring Break Basketball)
  - Summer Flag Football
  - Summer Soccer Camp
  - Summer Cheer Camp

If needed, I am willing to assist the YMCA this season by volunteering in the following manner:  
*(Please print name beside all that applicable volunteer positions)*

Head Coach: \_\_\_\_\_ Asst Coach: \_\_\_\_\_ Team Parent: \_\_\_\_\_

If possible, I wish to have my child play with this Team/Coach: \_\_\_\_\_

If possible, I wish to have my child play with these friends:

- (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**\*\*\*FOR COACHES:** I have/will secure my own practice site\_\_\_\_ I will need a practice site provided by the YMCA\_\_\_\_

In case of accident, I can be reached at the numbers listed above. In the event that I cannot be reached or in the event of an emergency, I authorize the calling of medical services. In the event of an emergency, I give the YMCA or their representative's permission to provide first aid and/or to arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary emergency medical treatment to be performed by medical personnel. By my signature and of my own free will, I do hereby agree to indemnify and hold harmless the YMCA and its representatives from any and all claims and demands, cost or expense arising out of any injuries sustained by myself or any party in which I am responsible. I give my permission for the use of photos taken by the YMCA.

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Check Appropriate: YMCA Member \_\_\_\_\_ Activity Member (not YMCA member) \_\_\_\_\_ **\$25 Late Fee** \_\_\_\_\_

**Note:** There will be a \$10 processing fee for all refunds. **No refunds will be given after the first game of the season.**

*Office Use Only:*  
 Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Activity Amt Paid: \_\_\_\_\_ Buddy Club Amt Paid: \_\_\_\_\_