



We build strong kids, strong families, strong communities.

SPORT _____ LEAGUE _____

Name of player _____ Sex _____ Birthdate ____/____/____ Age _____
(Last) (First)

Address _____ City _____ Zip _____ Phone _____

Email _____ School _____ Grade _____

Special needs/ _____
(Does not include player or team requests)

Father's name _____
(Last) (First)

Address _____ Home Phone _____

Employer _____ Work Phone _____

Date of Birth _____ Cell Phone _____

Mother's name _____
(Last) (First)

Address _____ Home Phone _____

Employer _____ Work Phone _____

Date of Birth _____ Cell Phone _____

Emergency Contact _____ Phone _____ Relationship _____

***Other than parents**

AGREEMENT

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. I 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.
3. I am willing to participate as a volunteer in support of this program as a: (circle one or more)

Coach Assistant Coach Official Other _____

Signature of parent or guardian

(Date)