



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

Youth Program Registration Form

Please fill out all information

Participant's Name: _____

D.O.B. _____ Circle One: Male Female

Grade participating in: (summer programs register for grade child is entering in Fall)

PK K 1 2 3 4 5 6 7 8 School: _____

Program: _____

Skills Clinic Option Date (Football & Volleyball only): _____

Guardian Name: _____

Guardian Contact #: _____

Guardian Email: _____

Shirt size (circle one): YS YM YL AS AM AL AXL

Coach/Friend request: _____

Are you willing to coach or co-coach? Y N

Agreement

1. I give my permission to the Fair Acres YMCA to use indefinitely without limitation or obligation, photographs, film footage or tape recordings, which may include image or voice for purpose of promotion or interpreting YMCA programs.
2. I support the YMCA Youth Sports Philosophy, which is based on participation, fun, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership
3. I, the parent or guardian of the applicant agree that the YMCA and all individuals participating in the youth sports program in any capacity will not be liable for any cause of actions, claims, and/or injuries arising from the participation of the applicant in the youth sports program, and hereby release all said individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries, and that all players participate at their own risk.

PARTICIPANT/GUARDIAN SIGNATURE: _____ Date: _____

Amount: _____ Date: _____ Staff Initials: _____