



We build strong kids, strong families, strong communities.

To be completed by Parent/Guardian and returned prior to program starting

- YMCA Flag Football
- YMCA Outdoor Soccer
- YMCA Basketball
- YMCA Indoor Soccer
- YMCA T-Ball
- YMCA Developmental Baseball
- YMCA Travel Basketball
- YMCA AAU Vipers Basketball
- OTHER _____

CHILD/FAMILY INFORMATION

YMCA Member Yes No

PLEASE PRINT CLEARLY

Are you applying for Financial Assistance Yes No

Child's Name _____ Male Female Shirt Size _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Birth date _____ Age _____

In case of emergency, which of the parent/guardians listed should we contact first? Mother Father

Mother/Guardian Name _____ Father/Guardian Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home (____) _____ Cell (____) _____ Home (____) _____ Cell (____) _____

Work _____ Work Phone _____ Work _____ Work Phone _____

EMERGENCY INFORMATION

In case of emergency, and the YMCA staff is unable to reach the parent/guardian listed above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA in case of an emergency or dismissal from the YMCA.

Name _____ Relationship to child _____

Home Phone (____) _____ Home Address _____

City _____ State _____ Zip Code _____

Work: _____ Work Phone: _____

Cell Phone: _____

Miscellaneous Information

1. Does your child have any special health needs or requests? _____

2. I would like additional information regarding the YMCA Open Doors Scholarship Program Yes No

3. YMCA Youth Sports Programs depend on numerous volunteers. I would like to volunteer as a Coach, Assistant Coach, Official, Time Keeper, etc. Yes No

4. I certify that my child is of normal health, and capable of participating In the Norwich Family YMCA Youth Sports Programs. I assume all risk and hazards incidental to the conduct of these programs. I hereby authorize the YMCA to obtain medical treatment for my child, in the event that I or my child's emergency contact can not be reached. **INITIAL:** _____

5. I support the YMCA Youth Sports Philosophy which is based on equal participation, skill development, team work, fair play, physical fitness, fun, family involvement, and volunteer leadership. **INITIAL:** _____

SIGNATURE: _____ **DATE:** _____