



YOUTH SPORTS REGISTRATION FORM

Staff: _____ Date: _____
 Registration Paid Yes No
 Cash Check

- | | | |
|--|--|---|
| <input type="checkbox"/> YMCA Flag Football | <input type="checkbox"/> YMCA Indoor Soccer | <input type="checkbox"/> YMCA Travel Basketball |
| <input type="checkbox"/> YMCA Outdoor Soccer | <input type="checkbox"/> YMCA T-Ball | <input type="checkbox"/> YMCA AAU Vipers Basketball |
| <input type="checkbox"/> YMCA Basketball | <input type="checkbox"/> YMCA Developmental Baseball | <input type="checkbox"/> OTHER _____ |

CHILD/FAMILY INFORMATION PLEASE PRINT CLEARLY

YMCA Member Yes No
 Are you applying for Financial Assistance Yes No

Shirt (please circle) 2-4 6-8 10-12 14-16 AS AM AL AXL AXXL

Child's Name _____ Male Female 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 _____
Work _____	Work Phone _____
Cell Phone _____	

MISCELLANEOUS INFORMATION

- Does your child have any special health needs or requests? _____
- I would like additional information regarding the YMCA Open Doors Scholarship Program Yes No
- YMCA Youth Sports Programs depend on numerous volunteers. I would like to volunteer as a Coach, Assistant Coach, Official, Time Keeper, etc. Yes No Name: _____
- 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. **INTIAL:** _____
- 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. **INTIAL:** _____

SIGNATURE: _____ **DATE:** _____