

**DuBois Area YMCA**  
**YOUTH SPORTS INDIVIDUAL REGISTRATION**  
**Circle the appropriate categories**



Check one for YMCA Membership

Family  Youth  Non-Mem

Boys Girls	5-6 <sup>th</sup> Basketball	7-8 <sup>th</sup> Basketball
Co-ed	4 <sup>th</sup> -8 <sup>th</sup> Volleyball	1 <sup>st</sup> -4 <sup>th</sup> Basketball
	Swim Lessons	Tennis Lessons
		K-6 <sup>th</sup> Soccer
		K-12 <sup>th</sup> Floor Hockey
		Ages 4-8 Wiffle Ball

**NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_ **Additional children info on back** →



**DO NOT continue if child(ren) participated THIS SCHOOL YEAR in a Youth Sports program (unless info has changed)**

Parent/Guardian Phone # (List relation) \_\_\_\_\_ If cell phone, text OK? Yes No

Parent/Guardian Phone # (List relation) \_\_\_\_\_ If cell phone, text OK? Yes No

Best person to contact for updates: Dad Mom Other \_\_\_\_\_ Best method of contact: Call Text Either

Email Address \_\_\_\_\_ Emails go to cell phone? Yes No

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (Name & Phone #) \_\_\_\_\_

*I, the parent/legal guardian, do release all claims of damage or suit against the DuBois Area YMCA and all persons involved with the above circled YMCA Youth Program in the event my child(ren) should incur an injury while participating. I understand it is my responsibility to supply my own medical insurance coverage for my child. In the event I do not have medical insurance, I understand my child(ren) participates at their own risk.*

*I grant the DuBois Area YMCA permission to use photographs and/or videos taken of the above minor(s) for promotional purposes, including print and social media. I understand that I will not receive compensation. (If you do not grant permission for pictures/videos, please check this box)*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**T-Shirt:** (Optional for \$8; Pay separate from program fee at later date)

Circle One: - No shirt - Have shirt already - Want a shirt Indicate size YS YM YL YXL AS AM AL AXL

**Parent willing to ...** (circle if YES) - Coach - Asst Coach - Help as needed

*NOTE: Swim and Tennis lessons registrants do not need to answer concerning Shirt or Volunteer questions*