

YOUTH SPORTS INDIVIDUAL REGISTRATION

Circle the appropriate categories

Boys Girls 5-6th Basketball 7-8th Basketball 9-10th Basketball 11-12th Basketball
Co-ed 3-8th Volleyball 1st -4th Basketball K-5th Soccer K-8th Floor Hockey Ages 4-8 WiffleBall
Swim Lessons Tennis Lessons

NAME _____ Check one for Membership ___ Family ___ Youth ___ Non-Mem



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

Grade ___ Age ___ Birth date ___/___/___ Parent/Guardian Name (s) _____

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 below signed, do release all claims of damage or suit against the DuBois YMCA and all persons involved with the above circled YMCA Youth Program in the event my child 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 participates at their own risk

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

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