

# Youth Sports Registration Form • YMCA OF CENTRAL FLORIDA

**1 Sport Information**     WINTER     SPRING     SUMMER     FALL 1     FALL 2

**BASKETBALL:**    PRE-K    K-1ST    2ND-3RD    4TH-5TH    6TH-8TH    9TH-11TH

**SOCCER:**    PRE-K    K-1ST    2ND-3RD    4TH-5TH    6TH-8TH    9TH-11TH  
INDOOR/OUTDOOR

**FLAG FOOTBALL:**    K-1ST    2ND-3RD    4TH-5TH    6TH-8TH    9TH-11TH

**2 Participant Information**     Y Member     Non-Member

Last \_\_\_\_\_ First \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ DOB / / \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Jersey Size (circle):    YXS(3-4)    YS(6-8)    YM(10-12)    YL(14-16)    AS    AM    AL    XL

I would like to receive a TEXT on team, weather and game updates:     Yes     No

Siblings in Y sport programs  
Name: \_\_\_\_\_ League: \_\_\_\_\_ Do you need a new game jersey     YES     NO

**3 Parent/Guardian Information**     t-mobile     at&t  
 verizon     metro pcs  
 sprint     other

Name: \_\_\_\_\_ Primary Cell:( \_\_\_\_\_ ) - \_\_\_\_\_

\*E-Mail \_\_\_\_\_

**4 Request**

Practice Day(check at least 3):     M     T     W     TH     Open Availability

\_\_\_\_\_ Coach    \_\_\_\_\_ Teammate (1)

**Most Important Request** (check one)

Day

Coach

Teammate

Requests are filled on a first come first serve basis and are not guaranteed.

**5 Volunteer**     Head Coach     Assistant Coach     Referee    All coaches are volunteers. Two hrs a week commitment

Name: \_\_\_\_\_ Primary Cell: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Desired Practice Day: \_\_\_\_\_ Time: \_\_\_\_\_

E-mail \_\_\_\_\_

**6 Sponsorship/Donation**     Not at this Time

I would like to sponsor the YMCA sports program. Contact me at ( \_\_\_\_\_ ) Name \_\_\_\_\_

I want to help a deserving child participate in a YMCA Sport:     \$10     \$25     \$50     \$75     \$100     Other \$ \_\_\_\_\_

**7 Waiver & Agreement**    Any requests made are not guaranteed. Refunds will not be given based on request not being upheld

By signing, I verify that my child is in good physical condition and I will waive all responsibility to the YMCA of Central Florida, Directors, and Volunteers for any injuries. I understand that youth sports may be dangerous and may cause minor or serious injury to my child. I will allow the YMCA of Central Florida to use my child's image in promoting the sports program. I support the YMCA philosophy, which is based on family involvement, fun, participation, fair play, teamwork, fitness, volunteerism, and character.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Total \$ \_\_\_\_\_

**Staff Only:**     Cash     Credit     Check    **Notes:**

Date / / Paid \$ \_\_\_\_\_ Staff \_\_\_\_\_ Member # \_\_\_\_\_