

Youth Sports Registration Form • YMCA OF CENTRAL FLORIDA

1 Sport Information Soccer

GRADE Divisions

Pre-K Coed

K-1st Coed

4th-5th Boys

6th-8th Boys

Middle School Div

4th-5th Girls

6th-8th Girls

Middle School Div

2nd-3rd Boys

2nd-3rd Girls

9th-12th Boys

High School Div

9th-12th Girls

High School Div



2 Participant Information Y Member Non-Member Previously played with us? YES NO

Last First Gender

Address City State Zip

Age DOB / / Grade School

Jersey Size (circle): YXS (2-4) YS(6-8) YM(10-12) YL(14-16) AS AM AL XL

Skill level: Beginner Intermediate Advanced Medical Alerts:

Siblings in Y sport programs this season

Name Grade Name: Grade

3 Parent/Guardian Information Name

Primary Cell Secondary Cell Employer

E-mail

4 Request

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

Most Important Request (check one)

- Day
- Coach
- Teammate

Coach Teammate (1)

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

5 Volunteer Head Coach Assistant Coach Referee Team Mom

All coaches are volunteers. Two hrs a week commitment.

Name Primary Cell Shirt Size Desired Practice Day Time

E-mail

6 Sponsorship/Donation

I would like to sponsor a YMCA sports team. 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

Staff Only: Cash Credit Check Total \$

Notes:

Date / / Staff Member #



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Athletics and Head Injuries – Informed Consent

Dear Youth Sports Parents and Athletes—

The Y is the leading organization focused on youth development, healthy living and social responsibility. As a part of our mission your child's safety is extremely important, so we'd like to take a few minutes to share with you information about the risks of head injuries and some new requirements under Florida Law for youth sports organizations.

During its 2014 regular season the Florida Legislature passed House Bill 291 to insure that parents, coaches and athletes are informed of the risks associated with head injuries and to mandate minimum standards for education, informed consent and re-entry after suspected injury.

The law requires the following:

- Education of athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of concussion and head injury.
- The parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.
- Each youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the athletic coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury.
- Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

Please sign and return the informed consent below to the YMCA staff.

By signing below, I acknowledge that I have read this Consent Form and I understand the risks of brain injuries associated with participation in athletic activity. I am aware of the requirements of the State of Florida's House Bill 291 – Youth Athletes and elect to participate.

Parent or Guardian Print Name

Parent or Guardian Signature

Date