

Youth Sports Registration Form • YMCA OF CENTRAL FLORIDA

1 Sport Information

SUMMER 2017 YOUTH BASKETBALL



- PreK34
 PreK45
 K Coed
 1st Coed
 23rd Girls
 23rd Boys
 45th Girls
 45th Boys
 MS Girls
 MS Boys
 HS Boys
 HS Girls

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

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
 Other

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: <input type="radio"/> Cash <input type="radio"/> Credit <input type="radio"/> Check Total \$					Notes:
Date / /		Staff		Member #	

