



Youth Sports Registration Form • YMCA OF CENTRAL FLORIDA

1  PK K1st 2nd-3rd Girls 2nd-3rd Boys
 4th-5th Girls 4th-5th Boys MS Girls MS/HS Boys

 1st-2nd 3rd-4th 5th-6th 7th-8th

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

MS/HS (Mondays), 45 Grade (Tuesdays), 23 Grade (Thursdays), PK-1st (Tues/Thurs)

_____ Coach _____ Teammate (1)

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

Most Important Request (check one)

Day

Coach

Teammate

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 # _____	



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 2012 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