FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Sports Registration Form

Child's Name	Sport	Gender	DOB	Shirt Size
1)_____	_____	_____	_____	_____
2)_____	_____	_____	_____	_____

Address _____

Mom: _____ Primary Phone: _____ Alternate: _____ DOB:_____

Dad: _____ Primary Phone: _____ Alternate: _____ DOB:_____

Email: _____

Emergency Contact: _____ Phone: _____

Ethnicity: African American Native American Asian/Pacific Islander Caucasian Hispanic Other Prefer Not To Answer

Please circle your top 2 volunteer options: Coach Asst. Coach Referee/Umpire Snack Coordinator Communications

Please circle up to 2 days you **cannot** practice: Monday Tuesday Wednesday Thursday Friday Doesn't matter

Special Requests:_____

(Special requests may include coach request, teammate request, practice night request, but are not guaranteed in any age group with a draft.)

How did you hear about this program? _____

Request for permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in YMCA youth athletics for the above listed sport(s). Note: This form must be completed for each season participated in.

Assumption of risk: I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Branch volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Branch can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

Release: In consideration of the Branch allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Branch, the YMCA of Northwest North Carolina, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body that my child may suffer from participation in YMCA athletics, activities, or the above-described sports activities. Photographs: Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotion materials with no compensation to me or my child.

Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games. Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered. In addition, I understand that in the case of the illness or injury of my child the Branch will try to notify me or the emergency contact listed on the front side of this form. In the event of medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of insurance company: _____ Insurance policy #:_____

Allergies, asthma, or other conditions:_____

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Name Date

KERNERSVILLE FAMILY YMCA
1113 West Mountain Street, Kernersville NC 27284
P 336 996 2231 **F** 336 996 8605 www.kernersvilleymca.org
Our Mission: "Helping people reach their God-given potential in spirit, mind and body."