

# Youth Sports Registration Form

Register by Mail or Fax to (Attention Sports Department):  
 North Central Florida YMCA  
 5201 NW 34<sup>th</sup> Street, Gainesville, Florida 32605  
 Phone: 352-374-9622 X13 Fax: 352-372-5247  
 Email: l.hines@ncfymca.org



We build strong kids, strong families, strong communities.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ E-mail \_\_\_\_\_  
 Mom's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Dad's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 School \_\_\_\_\_

Count on me as a VOLUNTEER COACH (name please): \_\_\_\_\_  
 If you sign up to coach, please call to confirm your coaching status.

I am interested in SPONSORING a team (business name): \_\_\_\_\_

If possible, I would like my child to be coached by (coach's name): \_\_\_\_\_

If possible, I would like my child and (friend's name): \_\_\_\_\_ to be on the same team.

**Practice Begins: Week of June 11th**  
**Games Begin: TBA**  
**Practice Site: NW YMCA, SW YMCA**  
**Practice Days: (practice days maybe different than game days)**

**K-1, co-ed: Mondays/Wednesdays 6PM**  
**2-3rd grade, co-ed: Tuesdays/Thursdays 6 PM**  
**4-5th grade, co-ed: Wednesdays/Fridays 6PM**  
**6-8th grade, co-ed: Monday/Wednesdays 7 PM**

Jersey Size: \_\_YS \_\_YM \_\_YL \_\_AS \_\_AM \_\_AL

I give my child permission to participate in YMCA programs. I understand that the YMCA does not carry accident insurance and I agree to use my personal insurance if needed. I agree not to hold the YMCA or its staff, Board of Directors or sponsors responsible for injuries or accidents and I authorize the YMCA or its instructors to obtain medical care in the case of injury or accident if a parent or guardian is unavailable to give permission. I also give the YMCA permission to publish any photos that may be taken of myself or my child(ren) for YMCA use. By the very nature of sports and athletic activities, there is risk of physical injury. The possible injuries include catastrophic injury such as paralysis and even death. The risk of physical injury can be minimized, but never eliminated. The YMCA reserves the right to add, change, limit or cancel classes or teams according to enrollment. Registration is on first come, first serve basis. I further understand that if the YMCA cancels a program a full refund will be given. If I discontinue participation in a program and give prior written notice, a prorated credit toward another program will be given. All letters of credit are subject to a 10% administration fee.

\_\_\_\_\_  
 Signature of Participant or Parent  
 (if participant is under 18 years of age)

\_\_\_\_\_  
 Date

Date Paid:	Amount Paid:	Cash	Check #	Credit Card # Exp. Date:
Please Circle One: DISC MC VISA AMEX		Print Name on Card		Card Holders Signature