



Northwood YMCA Register by Mail or Fax to:
 Northwood YMCA—Sports
 5201 NW 34th Street, Gainesville, Florida 32605
 Phone: 352-374-9622 X13 Fax: 352-372-5247
 E-mail: l.hines@ncfymca.org

Name _____ Age _____ Sex _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Grade _____ School _____
 Mom's Name _____ Work # _____ Cell # _____
 Dad's Name _____ Work # _____ Cell # _____
 Parent/Guardian E-mail Address: _____
 Emergency Contact _____ Phone # _____

- Count on me as a VOLUNTEER COACH (name please):

- ****Get a 50% discount when you coach your child's team.****
- I am interested in SPONSORING a team (\$300)
 (business name): _____
- Coach Request (if available) _____
- Friend Request (if available) _____

Waiver: 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. 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.

Cancellation Policy: 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 system credit toward another program will be given. All system credits are subject to a 10% administration fee.

Parent/Guardian Signature:

Date: _____

Child's age as of June 1, 2011: _____ Child's eligible age is determined as of June 1st of the current year.			
_____ 5-6 year old _____ 7-8 year old _____ 9-11 year old	Practice Location: (Northwest) (Southwest)		
Jersey Size: _____ YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL			

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