



We build strong kids, strong families, strong communities.

# Registration Form

**Northwood YMCA** Register by Mail or Fax to:  
Northwood YMCA—Sports  
5201 NW 34<sup>th</sup> 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) \_\_\_\_\_

**Shirt Size**  
 YS\_\_ YM\_\_ YL\_\_  
 AS\_\_ AM\_\_ AL\_\_

**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:** \_\_\_\_\_

**K-8th grade  
Youth Soccer**

\_\_\_\_ K -1st Grade (co-ed)  
 \_\_\_\_ 2nd - 3rd Grade (co-ed)  
 \_\_\_\_ 4th - 5th Grade (co-ed)  
 \_\_\_\_ 6th - 8th Grade (co-ed)

Soccer Practice Location:  
 \_\_\_\_\_

**Kangaroo Kickers**

Northwood YMCA—Saturday  
 \_\_\_\_ **9:30 am (3 years old)**—Northwood YMCA  
 \_\_\_\_ **10:30am(4-5 year olds)**—Northwood YMCA  
 \_\_\_\_ **11:30am (4-5 year olds)**—Northwood YMCA

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Southwest YMCA—Saturday  
 \_\_\_\_ **9:30am(3 years old)**—Southwest YMCA  
 \_\_\_\_ **10:30am(4-5 year olds)**—Southwest YMCA

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Southwest YMCA—Monday  
 \_\_\_\_ **6:00pm(4-5 year olds)**—Southwest YMCA

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