



SPORTS REGISTRATION FORM
NORTH CENTRAL FLORIDA YMCA

5201 NW 34th Boulevard, Gainesville, Florida 32605

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Website: ncfymca.org Facebook: North Central Florida YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Uniform Size: YS YM YL AS AM AL AXL AXXL

Table with 4 columns: Fall: September-November, Winter: December-February, Spring: March-May, Summer: June-August. Includes rows for Soccer, Volleyball, Basketball and a section for Practice Location with Northwood, Southwest Archer Rd., and MLK Center.

AGE IS THE CHILD'S AGE AT THE TIME OF REGISTRATION.

\*\* Basketball only held at Northwood \*\*\*\*Adult sports are for 18 & up except for Volleyball (16 and up) \*\*\*Volleyball held at Northwood and MLK center

\*\*\*\* THE LOCATION SELECTED DOES NOT GUARANTEE ANY OR ALL PRACTICE/GAMES WILL BE HELD AT THE SPECIFIC LOCATION. LOCATION WILL BE BASED ON THE NUMBER OF REGISTRATIONS FOR EACH LOCATION

The YMCA is a volunteer based organization. We rely on our members and parents to help coach, team-parent, and referee our sports leagues. Our leagues cannot thrive without the help and time of our volunteers, if you are able to coach, please contact the Sports Director

Are you interested in coaching or assistant coaching? \_\_\_\_\_ Special Requests: \_\_\_\_\_
If possible, I would like my child to be coached by: \_\_\_\_\_ Play on same teams as: \_\_\_\_\_

Please read the following and initial each item to acknowledge agreement:

Photography: I give the YMCA permission to publish any photo that may be taken of me or my children for YMCA use.

Payment/Registration: Fees are due at registration and must be paid in full. I am aware there may be a one-time NON\_REFUNDABLE registration fee due at time of registration. If you would like to stop a draft you must let us know 30 days in advance. I also understand registration is on a first-come, first-served basis.

Returned Payments: A \$25 fee will be charged for any returned checks/EFT. After two (2) insufficient fund returns, we will accept your monthly payments by money order or cash ONLY.

Refunds/Cancellation: Refunds are only given under special circumstances such as a serious and prolonged illness or injury. They will NOT be given in the case of a suspension or any disciplinary issues. Program cancellations will result in a system credit, Cash/Check refunds will only be issued if the YMCA cancels the program.

Permission for enrollment and release of YMCA from Liability: Permission for enrollment and release of YMCA from Liability: I give my child permission to participate in YMCA Program activities. THIS IS YOUR RELEASE AND WAIVER OF LIABILITY. You individually and on behalf of your minor child, release the North Central Florida YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE NORTH CENTRAL FLORIDA YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S AND YOUR RIGHT TO RECOVER FROM THE NORTH CENTRAL FLORIDA YMCA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE NORTH CENTRAL FLORIDA YMCA HAS THE RIGHT TO REFUSE TO LET YOU OR YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Change in Programs: The YMCA reserves the right to add, change, limit or cancel classes and/or teams according to enrollment.

I acknowledge I have read and agree to the above written statements: \_\_\_\_\_ Date: \_\_\_\_\_



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# YOUTH SPORTS – PARENT CODE OF CONDUCT

YMCA Youth Sports Philosophy:

YMCA Youth Sports are based on certain beliefs and philosophies: participation and everyone plays. The YMCA encourages having a healthy spirit, mind, and body, meaning the development of the whole person. The YMCA also emphasizes fundamentals, teamwork, fair play, cooperation, and respect for the officials one’s self, one’s team- mates, and the other team. Our philosophy is simple: EVERYONE PLAYS – EVERYONE WINS. Every decision you make and every behavior you display is based first on what you think is best for your athletes, and second, on what can be accomplished to have everyone become a winner.

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Youth Sports Program by following this Parent Code of Conduct:

I will encourage good sportsmanship by demonstrating positive support for all participants, coaches, and officials. I will do my best to make this program fun for my child.

I will keep winning in perspective. A child usually forgets the outcome of the game: it is the adults that have a tendency to stress the win/loss record.

I will ask my child to treat other participants, coaches, officials, parents, and spectators with respect regardless, of race, age, sex, creed, or ability.

I will treat officials and coaches with respect. They are there to provide your child with a safe and healthy learning environment. Officials and coaches deserve the same type of environment from the parents and spectators.

I will strive to be a good role model for my child and the other children in the program. I will encourage my child to learn to lose with dignity and win with grace.

I will respect my child’s coach and do my best to have my child at all practices and games on time. I will recognize the importance of volunteer coaches.

I realize they are important to the development of my child and the program. I will communicate with them and support their decisions.

\_\_\_\_\_  
Parent’s Signature                      Date                      Child’s Name                      Age

<b>YMCA Staff Entering Form:</b> Signature: _____ Date: _____	<b>Notes:</b> _____
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<b>Payment Information:</b> Cash: _____ Check: _____ Credit Card: VISA / MC / AMEX Other: _____ Date of Payment: _____ Amount Paid: _____ CC#: _____ Card Holder’s Name: _____ Exp. Date: _____ Code#: _____ Signature for Payment Information: _____
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