

YMCA YOUTH SPORTS REGISTRATION

Check One

SOCCER	BASEBALL	FOOTBALL	BASKETBALL
Micro (3-5)	Micro (3-5)	Micro (3-5)	Micro (3-5)
Mini (K-2nd)	Mini (K-2nd)	Mini (K-2nd)	Mini (K-2nd)

Name of Participant _____ YMCA Member? YES NO

Gender _____ Date of Birth ____/____/____ Age _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Special Accommodations _____

Parent(s) or Guardian _____

Email Address _____ Phone _____

Emergency Contact _____ Phone _____

Can you receive texts on this number? Yes ___ No ___

Youth Sports Information:

Youth Shirt Size: YS YM YL

Coach: (Name Below)

Coach's Shirt Size: AS AM AL AXL AXXL

Assistant Coach: (Name Below)

Assistant Coach Shirt Size: AS AM AL AXL AXXL

Request to be on same team as (player or coach):

I would like to be a league sponsor:

Team (\$150 or more) League (\$500 or more)

Team Sponsorship includes: Name/Company logo on the team's shirt.

League Sponsorship includes: Name/Company logo on all shirts, recognition in the newsletters, and sponsorship banner in the gymnasium.



1. I hereby certify that my child is in normal health capable of safe participation in YMCA programs. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. I support the YMCA Philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.
3. I DO DO NOT authorize the YMCA to take and use photographs, slides or videotapes of my child as may be needed for publication and promotional purposes.

Signature _____

Date _____



In consideration of participating in the YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the St. Joseph Family YMCA and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releaseses"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, guests, and also agree as follows.

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks, include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning, or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releaseses. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to the physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releaseses from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of the equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releaseses or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage that I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releaseses' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if I am hurt or injured and/or my property is lost, damaged, or stolen during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature _____ Print Name _____ Date _____
PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participation under the age of 18) In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releaseses from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Signature _____ Print Name _____ Date _____