Dr. P. Phillips YMCA
Adult Sports 2009

Open Registration September 28th-October 31st

Co-Ed Soccer

☐ Member ($25/person)
☐ Non-Member ($50/person)

Coming Soon!

Co-Ed Flag Football

☐ Member ($25/person)
☐ Non-Member ($50/person)

Co-Ed Kickball

☐ Member ($25/person)
☐ Non-Member ($50/person)

Coming Soon!

Athlete's Last Name:_____ **First Name:**_____

Address:_____**City:**_____ **State:** FL **Zip:**_____

Phone Number:_____ **Alternate Phone:**_____

Date Of Birth:_____/_____/_____ **Gender: M / F** **Shirt Size: S M L XL XXL 3XL**

Email Address:_____ **Special Health Needs:**_____

Emergency Contact:_____ **Phone:**_____

The captain is responsible for maintaining team etiquette and communication any information to the players.
Do you wish to be a team captain?

☐ **Yes** ☐ **No**

Requests:
Team Captain:_____

Team Members: _____ _____
_____ _____
_____ _____
_____ _____

I hereby agree to participate in the Dr. P. Phillips YMCA's Adult Sports program. I understand the nature of the game, and the risk involved with the program and agree to hold the Central Florida YMCA harmless in case of accident or injury. I also give permission for YMCA paid or volunteer staff to seek medical assistance in the event I cannot be contacted if my child is injured while participating in this program. I also understand that myself or my child may be photographed for a YMCA publication.

Athlete's Signature:_____ ***Date:***_____

Fee $:_____ Scholarship Donation $:_____ TOTAL FEE$:_____ Staff Initials:_____

Receipt #_____ Date _____ ❑Member ❑Non-Member Member #: _____

Date Oracle: _____

Staff Initials:_____

Dr. P. Phillips YMCA
7000 Dr. Phillips Blvd. Orlando, Fl 32819
407-351-9417

Central Florida YMCA Mission: The purpose of this Association is to improve lives of all in Central Florida by connecting individuals, families and communities with opportunities based on Christian values that strengthen Spirit, Mind and Body