

# GOLDEN TRIANGLE YMCA SPORTS REGISTRATION FORM

## PARTICIPANT INFORMATION

Participant Last Name	Participant First Name	M.I.	Date of Birth	Age	Gender: M / F
Street Address	City	State	Zip	School Attending	
Parent/Guardian Last Name	Parent/Guardian First Name	M.I.	Phone (if different)		
Address (If different)			E-mail (write clearly)		
Emergency Contact Last Name	First Name	Home Phone	Cell / Alt. Phone		

**I would like to volunteer coach:**       **YES**       **NO**      **Coach / Assistant**

**Volunteer Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Coach's Shirt Size:** AS      AM      AL      AXL      AXXL      AXXXL

**I would like to play with Coach:** \_\_\_\_\_ **OR** **My Friend:** \_\_\_\_\_

**Select from the following:**

- Youth Basketball       Adult Basketball
- Youth Soccer       Adult Indoor Soccer
- Youth Flag Football       Adult Dodgeball
- Youth T-ball
- Youth Cheerleading

**SHIRT SIZE**

(Re-Orders will be charged \$25.00)

- Youth Small       Youth Medium
- Youth Large       Adult Small
- Adult Medium       Adult Large
- Adult X-Large       Adult XXXLarge

**Sponsorship/ Donation Opportunities**

I am interested in supporting the League through sponsorship:      League      \$1500.00      \_\_\_\_\_  
 (Logo on all team's jersey and League Sponsor plaque)

I am interested in supporting my team through sponsorship:      Team      \$250.00      \_\_\_\_\_

I am interested in supporting a youth in need of financial assistance:  
 \_\_\_\_\_ \$10      \_\_\_\_\_ \$25      \_\_\_\_\_ \$100      \_\_\_\_\_ Other

Proceeds benefit the Golden Triangle YMCA's Youth Scholarship Fund. The fund ensures that no children are turned away because of inability to pay. 100% of funds raised will benefit families or individuals in need and are tax deductible.

**WAIVER:** I understand that the Central Florida YMCA/ Golden Triangle YMCA assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Central Florida YMCA/ Golden Triangle YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, and loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the Central Florida YMCA/Golden Triangle YMCA is not responsible for personal property lost or stolen while a member and/or program participant while participating in YMCA activities. I give permission to the Central Florida YMCA/Golden Triangle YMCA to use, without limitation of obligation, photography, film footage, or tape recordings, which may include me or my family's image or voice for the purposes of promoting or interpreting YMCA Programs. I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the Central Florida YMCA/Golden Triangle YMCA agree to sign this waiver. I also agree to comply with the YMCA Youth Sports Philosophy by upholding the values of Caring, Honest, Respect, Responsibility, and Faith.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

<input type="checkbox"/> Central Florida All-YMCA Member ( _____ Member #)	<input type="checkbox"/> Non-Member	<input type="checkbox"/> Employee
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