we care
Central Florida YMCA

Roper YMCA Family Center Youth Sports Registration

Sport:_____ **Age**:_____ **Member**: **YES** **NO**

Parent: I am able to volunteer as (circle all that apply): Head Coach Asst. Coach Referee

Volunteering Parent Name:_____ E-Mail:_____

Phone:_____ Shirt Size: AS AM AL AXL AXXl Other:_____

Player's Name:_____ D.O.B._____ Gender: Male Female

Physical Address:_____ City:_____ Zip:_____

Home Phone:_____ Player's School:_____

Mother's Name:_____ Cell Phone: _____

Place of Employment:_____ Work Phone:_____

Father's Name:_____ Cell Phone: _____

Place of Employment:_____ Work Phone:_____

E-Mail Address:_____

In Case of Emergency and parent is unavailable:

Name:_____ Phone:_____ Relationship:_____

Any health concerns/needs of player:_____

Shirt Size for player (circle one): 6/8 10/12 12/14 AS AM AL AXL AXXL (Soccer jerseys tend to run small, order big)

Number of SEASONS in this particular sport (circle one): 1 2 3 4 5 6 or more

My child's skill level for this sport is (circle one) beginner intermediate advanced

Coach Request:_____ (optional and request is not guaranteed) Teammate request:_____

Would you like to help support the Scholarship Fund with a donation? YES $_____ NO

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. 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 the parent(s) or Emergency Contact cannot be reached.
2. I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.
3. I give permission to the YMCA to use the limitation or obligation, photographs, film footage, and recordings which may include my image or my child(ren)'s image or voice for purpose of promoting or interpreting YMCA programs.
4. I understand that the YMCA does not provide insurance.

_____ _____
Signature of Parent/Guardian Date

Staff/Office use only:

Amount Received:_____ Method: (cash, check #_____ credit card)

Date Paid:_____ Staff:_____