FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FEES PAID (DATE): _____
CHECK #: _____
DATE IN COMPUTER: _____
STAFF INITIAL: _____

TIFTAREA YMCA
2020 Fall SOCCER

YMCA MEMBERS EARLY BIRD $40
YMCA NON MEMBERS EARLY BIRD $60
YMCA MEMBERS after July 29th $45
YMCA NON MEMBERS after July 29th $65

PARTICIPANT'S NAME_____ NEW PLAYER (Y / N) YMCA MEMBER (Y / N)

SEX _____ AGE _____ DATE OF BIRTH ____/____/____ GRADE_____ ETHNICITY (Please circle one) W B A H I O

ADDRESS_____ ZIP CODE_____

MOTHER/GUARDIAN'S NAME_____ FATHER/GUARDIAN'S NAME_____

HOME PHONE_____ MOTHER WORK PHONE_____ FATHER WORK PHONE _____

MOTHER CELL PHONE _____ FATHER CELL PHONE _____

MOTHER EMAIL _____

FATHER EMAIL _____

Coach Request _____

Player Request (for ages 3-6only)_____

Special Medication Information_____

VOLUNTEERS NEEDED! Please circle one of the following:

Head Coach **Asst. Coach** **Referee** **Team Parent** **Team Sponsor**

AGE DIVISION (please circle one)
U5 U7 U8 U10 U12 U14 U18

RATE YOUR CHILD'S ABILITY (please circle one)
1(high) 2(intermediate) 3(average)

UNIFORM SIZE (please circle one)
YXS YS YM YL AS AM AL XL XXL

☐ **Parent Shirt Size (Please Circle ONLY if interested): YS YM YL AS AM AL (*additional $10 dollars)* AXL AXXL (*additional $12 dollars)***

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.
The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.
I give me permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.
In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.
The undersigned understands that no accident or medical insurance is provided with this activity.
The undersigned gives his/ her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

_____ _____ _____
PARENT/GUARDIAN SIGNATURE DATE EMERGENCY CONTACT(S)