



For Office Use Only
Check #: _____
Card: _____
Cash: _____
Date: _____

- Member (\$45) Non-Member (\$65)
- Ages 3-4 Ages 5-7 Ages 8-10 Ages 11-12

PERSONAL INFORMATION

Name: _____ Gender: _____ Age: _____
Grade: _____ Physical Address: _____
City: _____ State: _____ Home Number: _____

Shirt Size (please circle one): YS YM YL AS AM AL AXL

PARENT INFORMATION

Mom's Name: _____ Mom's Cell: _____
Mom's Employer: _____ Work Number: _____
Mom's E-mail Address: _____
Dad's Name: _____ Dad's Cell: _____
Dad's Employer: _____ Work Number: _____
Dad's E-mail Address: _____

EMERGENCY INFORMATION

Name: _____ Relation: _____ Phone: _____

I agree to hold harmless and release from liability the Tiftarea YMCA, its staff, volunteers and owners of property utilized in the event injury or death due to my participation.

Signature

Date

Print Name

Date

Please list any friend or carpool here.

<u>VOLUNTEER OPPORTUNITIES</u>
<input type="checkbox"/> I want to be a team mom.
<input type="checkbox"/> I want to help a coach.
<input type="checkbox"/> I want to be a coach.
<input type="checkbox"/> I am or wanting to sponsor a team.