



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

Children must be 4 by September 15, 2010 to begin playing. Children ages 4-12 are welcomed!

Member (\$45)

Non-Member (\$65)

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 team or player requests here.

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