



VICTORIA FAMILY YMCA YOUTH SPORTS REGISTRATION FORM

1806 N. Nimitz Street

(361) 575-0511

www.ymcavictoria.org

Sport: Basketball Flag Football Kickball Soccer
 T-Ball/Rag Ball Volleyball Other Sports _____

Participant's Full Name _____

Years Of Experience In This Sport _____ Skill Level (circle one): Beginner Intermediate Advanced

T-Shirt Size (circle one): Youth S(6-8) M(10-12) L(14-16) Adult S M L XL

Special Request (requests are not guaranteed): _____

Date Of Birth ____/____/____ Age _____ Sex _____ Height _____ Weight _____

Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ Email _____

Parent/Guardian Names _____

Cell Phone _____ Home Phone _____ Other Phone _____

Volunteers Are Needed. Would you like to volunteer as a Coach Assistant Team Parent

Your Name _____ Phone Number _____ Email _____

Your T-Shirt Size (circle one): Adult S M L XL XXL

I would like to donate to the Victoria YMCA youth sports program to assist a child in need of financial assistance. Yes No _____ \$5 _____ \$10 _____ Other \$ _____

Permission for Enrollment and Release of the YMCA of The Golden Crescent from Liability

I give my child permission to participate in Victoria Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Victoria Family YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Victoria Family YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action, or inaction of the Victoria Family YMCA, its staff, directors, members, and guests. I have read and am voluntarily agreeing to this authorization and release.

Authorization of Emergency Medical Treatment

If my child should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person if I can't be reached. Should the YMCA be unable to reach me, or the person designated, they are authorized to arrange for immediate emergency treatment necessary to insure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release

I grant permission to the Victoria YMCA to use photographs and videotapes taken of my child for YMCA publication purposes

I have read and understand the above information. My child has permission to participate in this YMCA Youth Sports Program with the conditions set forth.

Parent/Guardian Signature _____ Date _____

Office Use Only: Amount Paid _____ Date _____ Paid By: Check Cash Credit Card System Credit



YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all.

A \$10 PROGRAM FEE IS REQUIRED FOR ALL NON-MEMBERS TO PARTICIPATE IN ANY YMCA PROGRAM. GOOD FOR ONE YEAR

A \$10 LATE FEE WILL BE APPLIED TO ALL LATE REGISTRATIONS.