

YMCA YOUTH SPORTS

the



REGISTRATION: FEBRUARY 1 – MARCH 10

SPRING SOCCER

Ages: 3-14

Registration Fees

\$50-Members
\$75 Community
Participants
\$20 Late Fee
(MARCH 11-14)

Financial Assistance

Calhoun YMCA activities are designed to benefit persons of all background and fees are based on the cost of providing each program. While participants are expected to pay their fair share, when financial assistance dollars are available, the YMCA will assist any individual or family that wants to participate but cannot afford the fee.

Calhoun County YMCA
713 HWY. 35 S.
Port Lavaca TX.
77979
(361)-551-2562

Child's Name: _____ Gender: Male Female
 Age: _____ DOB: _____ Grade: _____
 School: _____
 Address: _____ City/State: _____
 Parent Name: _____
 Primary Phone #: _____ Secondary Phone #: _____
 Parent E-mail Address: _____
 Child's Jersey/Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large
 Child's Previous Sport experience: None Moderate Extensive
***WE DO NOT HONOR COACH OR PLAYER REQUEST!**

***** VOLUNTEERS NEEDED *****

I would like to Volunteer as a _____ Coach _____ Assistant Coach
 Your Name: _____
 Phone Number: _____
 Email Address: _____
 Shirt Size: Adult S M L XL XXL XXXL
 I would like to donate to the Calhoun County YMCA Youth Sports program to assist a child in need of financial assistance. _____ Yes _____ No

Calhoun County YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the Calhoun County YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Calhoun YMCA and its staff from all liability for any injury, loss, or damage connected in any way whatsoever to participate in YMCA activities whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the Calhoun YMCA, its staff, directors, members and guests. I have read and voluntarily agree 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 the YMCA is unable to reach me or the person designated, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/video Release. I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

Refund Policies: Participants may cancel registration for a program session for any reason and will receive a full refund or credit under these conditions: the request for refund must be completed 48 hrs. prior to the close of registration (sports programs), or 48 hrs. before the start date of the program (classes) whichever occurs first. NO REFUNDS WILL BE GIVEN IF PARTICIPANT CANCELS LESS THAN 48 HRS. PRIOR TO THE START DATE OF A SESSION.

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

Parent/Guardian Signature: _____

DATE: _____