



# YOUTH SPORTS FORM

## Barbara Bauer Briggs Family YMCA

### Select a YMCA Program

Soccer    Volleyball    Cheerleading

Registration: \$45 Member/\$85 Community Participant  
Late Registration: \$70 Member/\$110 Community Participant

Current Barbara Bauer Briggs Family YMCA member? Y N

Child's Name: \_\_\_\_\_

Gender M F   DOB: \_\_\_\_\_   Age: \_\_\_\_\_   Grade: \_\_\_\_\_   Height: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_   Parent/Guardian DOB: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_   Secondary Phone #: \_\_\_\_\_

School: \_\_\_\_\_   Parent/Guardian E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_   City/State \_\_\_\_\_

Child's jersey size:   Youth X-Small    Youth Small    Youth Medium    Youth Large   
Adult Small    Adult Medium    Adult Large

Child's previous sport experience: None   Moderate   Extensive

I'd like to volunteer to coach: \_\_\_\_\_ I would like my child to be coached by: \_\_\_\_\_

I would like my child and (friend's name) \_\_\_\_\_ to be on the same team.

### Volunteers Are Needed

Would you like to volunteer as a:    Coach    Assistant    Team Parent  
Your Name \_\_\_\_\_   Phone Number \_\_\_\_\_   Email \_\_\_\_\_

### Donate

I would like to donate to the Barbara Bauer Briggs Family YMCA youth sports program to assist a child in need of financial assistance.    Yes    No

- Participants must abide by the Barbara Bauer Briggs Family YMCA code of conduct.
- The YMCA has the right to eliminate a player and or team for misconduct.
- Limited Financial assistance is available during early registration.
- Registration may close once teams are full, during late registration.
- Partial refund will be given once jerseys have been ordered. No refunds will be given after the first game.

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

I give my child permission to participate in Barbara Bauer Briggs Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Barbara Bauer Briggs Family YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Barbara Bauer Briggs 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 Barbara Bauer Briggs 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 Barbara Bauer Briggs Family 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 \_\_\_\_\_

YMCA Staff Use Only:  
Amount Paid: \_\_\_\_\_   Date Paid: \_\_\_\_\_   Staff Initial: \_\_\_\_\_