



YOUTH SPORTS FORM

Barbara Bauer Briggs Family YMCA

Select a YMCA Sports Program

Volleyball (18 & up)

Registration: \$40 Member/\$65 Community Participant
Late Registration: \$65 Member/\$90 Community Participant

Current Barbara Bauer Briggs Family YMCA member? Y N

Participant's Name: _____

Gender M F DOB: _____ Age: _____ Height: _____

Primary Phone #: _____ E-mail: _____

Address: _____ City/State _____

Emergency Contact Name: _____ E-Contact Phone #: _____

Participant shirt size: Adult X-Small Adult Small Adult Medium Adult Large

Adult X-Large Adult XX-Large Adult 3X-Large Adult 4X-Large

***First jersey/shirt is included in registration fee. Additional jerseys will be at the expense of participant.**

Participant's previous sport experience: None Moderate Extensive

I'd like to be on the same team as : _____

I have a special request: _____

***Please note that requests will be considered, but are not guaranteed.**

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 consent to participating 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 me 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 I should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) offer to provide standard first-aid, (2) contact the person I have designated as the emergency contact person if I am unresponsive. Should the YMCA be unable to gather a response from me, or the person designated, they are authorized to arrange for immediate emergency treatment necessary to insure my 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 me for YMCA publication purposes I have read and understand the above information. I permit myself to participate in this YMCA Youth Sports Program with the conditions set forth.

Participant Signature _____ Date _____

YMCA Staff Use Only:
Amount Paid: _____ Date Paid: _____ Staff Initial: _____