

YMCA Little Squirts Soccer Registration

Child's Name _____ Home Phone _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Mailing Address _____

E-Mail Address _____

Child's Date of Birth (Month/Day/Year): ___/___/___ Child is: Male Female

Will your child be taking part in ANY other activities that may conflict with T-ball? Yes No

If yes, please explain _____

Child's Jersey Size: Youth S Youth M Youth L

Does your child presently take any medication or have any type of Physical condition that his/her coach should be aware of?

Yes No If yes, please describe: _____

Family Physician: _____ Phone # _____

Permission and release Statement:

(Name of child) _____ (the registrant) has my permission to play in the Stanly Co. Family YMCA "Little Squirts Soccer" program.

* Recognizing the possibility of physical injury associated with participation in this activity, I hereby release, discharge, and/or otherwise indemnify any affiliated organizations, sponsors, employees and associated personnel (including the owners of facilities utilized for the program) against any claim by or on behalf of the registrant as a result of his/her participation in the program and/or to or from the same, which transportation I hereby authorize.

* I further release, discharge, and agree to hold harmless and indemnify the coaches of the Registrant's team from any and all liability, claims or demands arising from participation in the program, specifically to include any and all claims for personal injuries sustained while present or participating in said program.

* I understand that my participation in this activity requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after a reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed, qualified physician.

* I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature published and used by the YMCA.

Parent or Guardian Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Sign up to be a Coach or an Assistant Coach! You are needed!

Name: _____

Would you be willing to provide a scholarship for a child, if needed? ____yes ____no



YMCA

We build strong kids,
strong families, strong communities.