



# YOUTH SPORTS FORM

## Gonzales YMCA

### Select a YMCA Sports Program



Flag Football (5-12)

Registration Fee: \$25.00

Child's Name: \_\_\_\_\_ Gender M F DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_

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

Parent/Guardian DOB: \_\_\_\_\_

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

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

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

School: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult \_\_\_\_\_XL

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

### **Volunteers Are Needed**

Would you like to volunteer to coach/co-coach: \_\_\_\_Yes \_\_\_\_No

Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

- Gonzales YMCA Code of Ethics.
- The YMCA has the right to eliminate, suspend, or ban a player, volunteer, guest, and or team for misconduct.
- Limited Financial assistance is available during early registration.
- Registration may close once teams are full, during late registration.
- Registrations not permitted once registration period ends
- No refunds will be given once practices begin.

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

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