YOUTH SPORTS FORM

Gonzales YMCA

Select a YMCA Sports Program

☐ **Winter Basketball (4-12)**

Registration: $20 Member/$20 Community Participant

Current 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 ☐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

Your Name_____ Phone Number_____ Email_____

I would like my child to be coached by:_____

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

Additional Special Request: _____

_____

***Please note that requests will be considered, but are not guaranteed.**
***Please state "play up" if it applies.**

- Participants 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 the 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 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 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 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_____

YMCA Staff Use Only:

Amount Paid:_____ Date Paid:_____ Staff Initial:_____