

YOUTH SPORTS FORM

Gonzales YMCA

Select a YMCA Sports Program Winter Basketball (4-12)

Current YMCA member? $\underline{Y} \underline{N}$			
Child's Name:			
Gender M F DOB:			
Parent/Guardian Full Name:		Parent/	Guardian DOB:
Primary Phone #:	Seco	ndary Phone #:	
School: Pare			
Address:		City/State	
Child's jersey size: □Youth X-Small	☐ Youth Small	lacktriangle Youth Medium	☐ Youth Large
■ Adult Small	□ Adult Medium	□ Adult Large	■Adult XL ■AdultXL
*First jersey/shirt is included in registi	ation fee. Additio	onal jerseys will be a	t the expense of parent/guardian
Volunteers Are Needed			
Would you like to volunteer to coach/co-coach:	Yes		
Your Name Phon	e Number	Email	
I would like my child to be coached	by:		
•	/		
I would like my child and (friend's n			to be on the same team.
	ame)		
I would like my child and (friend's n Additional Special Request:	ame)		
I would like my child and (friend's n Additional Special Request: *Please note that requests will be cons	ame)	ot quaranteed.	
I would like my child and (friend's name Additional Special Request: *Please note that requests will be cons *Please state "play up" if it applies.	ame)	ot quaranteed.	
Additional Special Request: *Please note that requests will be cons *Please state "play up" if it applies. • Participants Gonzales YMCA Code of Ethics. • The YMCA has the right to eliminate, suspend,	ame)sidered, but are no	ot guaranteed.	
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