



YMCA SPORTS PROGRAMS

GONZALES

Registration: \$30/sport | Ages: 4-15

Flag Football Basketball Both

Name: _____

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

Parent/GuardianFullName: _____ Parent/GuardianDOB: _____

PrimaryPhone#: _____ SecondaryPhone#: _____

School: _____ Parent/GuardianE-mailAddress: _____

Address _____ City/State _____

Child's jersey size: YouthX-Small YouthSmall YouthMedium YouthLarge

AdultSmall AdultMedium AdultLarge AdultXL 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.

AdditionalSpecialRequest

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

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/GuardianSignature _____ Date _____

YMCA Staff Use Only:

Payment Info: Check Card Cash

Full/PartialPaid: _____ CC#: _____ EXP: _____ Security Code _____

Name on Card _____ Signature _____