

**Alex W. Spears Family YMCA 2010 Fall Youth Sports
Registration and Parent/Guardian Waiver & Permission**

Must be within age group as of November 1, 2010

SPORT: (Please circle one) **Baseball** **Soccer** **Volleyball** **Age Group:** _____ **Gender:** **M / F**

Child's Name: _____ DOB ___/___/___ Age: ___ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

Name(s) of Parent(s) / Guardian(s):

Mother: _____ (HPhone) _____ (WPhone) _____ (C/P) _____

Father: _____ (HPhone) _____ (WPhone) _____ (C/P) _____

Please indicate T-Shirt Size: (Circle One) **YS (6-8)** **YM (8-10)** **YL (10-12)** **AS** **AM** **AL** **AXL**

Note: The youth sports staff will attempt to place your child according to your preference; however, due to the large number of participants, we cannot guarantee preferred placement. Also, all special requests must be made at the time of registration to be honored!

First Time Participant? _____ If no, number of previous seasons as a participant in this sport: _____

Coach / Team Played Last Year: _____ Coach / Team Requested This Year: _____

Teammate Requested (one choice only): _____ Any Night/Time You Cannot Practice: _____

1st Priority (one choice only, please indicate): Coach _____ Player: _____ Night/Time _____

Request for Permission: I, the above youth's parent/guardian, hereby register my child to participate in the Spears Family YMCA Youth Sports Program.
ASSUMPTION OF RISK: I acknowledge and understand that there is a risk of injury involved in participation of sport activities. I understand that my child will be under supervision and direction of a volunteer. I agree that my child is to follow the instructions of his/her volunteer at all times in order to avoid injury to my child. However, I acknowledge and understand that injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the fall youth sports program.

RELEASE: In consideration of the Branch allowing my child to participate in the above sport program activities, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the branch, the YMCA of Greensboro, and their respective volunteers, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities.

PHOTOGRAPHS: Photographs may occasionally be taken of the children during the sport program. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent / Guardian Initials:** _____

Parents are responsible for providing transportation for their child to and from the registered sport program.

CERTIFICATION OF CHILD'S FITNESS AND MEDICAL AUTHORIZATION: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the sport program activities for which she has been registered. In addition, I understand that in the case of the illness or injury of my child, the branch will notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at the time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. If your child has any allergies, asthmatic conditions or the like which the Branch should be aware of, please list: _____.

**The YMCA reserves the right to request a birth certificate for verification purposes.*

I am willing to participate as a volunteer in support of this program as a (check one or more):

Coach _____ **Assistant Coach** _____ **Referee/Umpire** _____ **Scorekeeper** _____ **Other** _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification form with full knowledge of its contents on this the _____ day of _____, _____ (year).

Parent / Guardian Signature

Print Parent / Guardian Name

For office use: Session code: Aug10 Program Code: 05sp