

YMCA SOCCER REGISTRATION

Child's Name: _____ Name Called: _____

Home Address: _____ City/State/Zip: _____

Grade: _____ Birth date: _____ Age: _____ School: _____

Parent's Information

Mother Name: _____ Birth date: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Father Name: _____ Birth date: _____ Home Phone: _____

Cell Phone: _____ Email: _____

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| Please circle uniform size: YXS YS YM YL AS AM AL AXL League: 3-4 5-6 7-8 9-11 |
| Possible Practice Days/Times (circle all that apply): Mon Tues Thurs / 5pm 5:30pm 6pm 6:30pm 7pm <i>Are you interested in coaching an earlier time? Let me know!</i> |
| Are you interested in volunteering? Coach Co-coaching Team Parent Name: _____ Shirt Size: _____ |

Would you be interested in donating to our We Build People Campaign? No Yes - \$5, \$10, \$25, \$100, \$_____

Medical Information: Please list ALL known medication, food and other allergies, medications, and any other medical or behavioral conditions:

Waiver

My child has permission in all activities unless otherwise specified in writing.

I understand that the Gaston County Family YMCA assumes no responsibility for injuries or illness my child may receive as a result of his/her participation in day camps, programs, athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the Gaston County Family YMCA, its agents, servants, and employees from any claims for injury, illness, death, and / or loss of damage which my child may suffer as a result of his/her participation in these activities.

A parent/guardian must discuss with the YMCA Director any special conditions or circumstances involving their child. This information must be complete prior to registration. I agree to have my child examined within a reasonable time period prior to selected program by the family physician stating he/she is free from communicable disease and has not been exposed to such.

I hereby give my permission to the medical personnel selected by the YMCA Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for my child.

I understand that no accident or medical insurance is provided with any activity while my child is at camp.

I give permission to the Gaston County Family YMCA, without limitation or obligation for photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

I give my consent for my child to leave the YMCA site, to participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I have read and agreed to all of the policies set forth by the Gaston County Family YMCA Sports Programs.

Signature _____

Date _____

Print name shown on line above _____