



Youth Sports Registration Form

Family YMCA of Marion & Polk Counties

Everyone plays at the YMCA
Many Scholarships available, please ask if you need assistance.

Program: Basketball Flag Football Soccer Volleyball Rugby Track Gymnastics Cheer Swim
Branch: Monmouth/Independence Salem Silverton Stayton

Please Note: Be sure to fill out all information as fully and clearly as possible in order to get accurate information to you.

Child's First Name: _____ Last: _____

DOB: _____ Sex: Male Female Age: _____ Grade: _____

School: _____ Seasons of experience (Sports Leagues Only): _____

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

Primary Parent/Guardian Name: _____ Phone: _____

Second Parent/Guardian Name: _____ Phone: _____

Primary E-Mail: _____ Second E-Mail: _____

Emergency Contact: _____ Phone: _____

May we share your contact information with your teammates: Yes No Would you like text alerts: Yes No
*All texts only regard your program information.

The YMCA Youth Sports programs depend on volunteers! I _____ would be willing to support the program as a:
 Coach Assistant Coach Referee Score Keeper Team Parent Donor/Sponsor
*All volunteers are subject to a background check.

Healthy Pledge (Sports Leagues Only): Do you agree to bring only water and healthy snacks (fruits, vegetables, etc.) to games and practices*? There is a \$5 fee that will be added if you disagree. Initial One: _____ Agree _____ Disagree

Would you like to make a donation to our "For a Better Us" campaign? \$5 \$10 \$20 Other: _____

Consent Form – Please Read and Sign

I realize that this and all Family YMCA of Marion & Polk Counties Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions.

Minor Medical Release and Consent Form

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.

Payment Details

I understand that payment in full is due at time of registration and that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my payment being returned to me by the YMCA.

Children under the age of 13 must be accompanied to and from all YMCA programs.

Signature: _____ Print name: _____ Date: _____

Office Use Only: Staff Taking Form: _____ Date _____ Sports Season: Winter Spring Summer Fall

Amount Paid: \$ _____ F/A Amount: \$ _____ Was a Jersey Purchased? Yes No

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