



Tiny Tots Sports Registration Form

Sport:

Baseball

Soccer

Basketball

Participants Name _____ Age _____
First Middle Last

Gender: M F Birth date ____/____/____

Address _____ City _____ State _____ Zip _____

Time Slots (Please Pick 1):

Monday 5:30pm Tuesday 5:30pm Thursday 5:30pm Saturday 10:00am

Monday 6:30pm Tuesday 6:30pm Thursday 6:30pm Saturday 11:00am

Contact Information:

Contact 1 Name _____ Relationship to Child _____

Cell # _____ Email _____

Contact 2 Name _____ Relationship to Child _____

Cell # _____ Email _____

***We strongly encourage parent involvement in the Tiny Tot Sports Program classes!**

Add-ons:

Would you like your child to receive a trophy for this season of Tiny Tot Sports for an additional \$10 fee?

Yes No

I would like to donate \$ _____ to provide a child the opportunity to participate in the program I am registering for.

Important:

I hereby certify that this form is complete and accurate, and the participant has permission to engage in all activities unless otherwise specified in writing. I understand the YMCA OF CORSICANA assumes no responsibility for injuries or illnesses which my child may sustain as a result of participation in athletics. I understand that there is a risk of injury while participation in physical activity and I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of participation in the activity. Photo Release: I give permission for the use of photographs of my child in publications and/or websites.

I have read and understand this agreement: Parent/Guardian Signature _____ Date _____

Office Use Only:

Waiting on Financial Assistance _____ Balance Due \$ _____
Amount Paid \$ _____ Cash _____ Check _____ Credit Card _____

Birth Certificate: Y N Staff _____ Date: _____