YMCA OF CORSICANA – Youth Sports Registration Form

Sport

☐ Baseball ☐ Basketball ☐ Basketball Camp

☐ Cheerleading ☐ Football ☐ Volleyball ☐ Softball

Player Information

Is the child a returning player? YES NO

Participants Name_____ Age_____
First Middle Last

Gender: M F Birth date_____/_____/_____ Current School Grade_____

Uniform Size: YXS (if available) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

Address_____ City_____ Zip_____

☐ PLEASE PLACE MY CHILD BACK IN THE DRAFT

Contact Information

Contact 1 Name_____ Relationship to Child_____ D.O.B_____

Cell #_____ Email_____ Head Coach_____ Assistant Coach_____

Contact 2 Name_____ Relationship to Child_____ D.OB._____

Cell #_____ Email_____ Head Coach_____ Assistant Coach_____

Important

I herby 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_____