



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

FEES PAID (DATE)
CHECK #
STAFF SIGNATURE
BRANCH

# SPORT REGISTRATION

## YMCA OF FLORIDA'S FIRST COAST

The Y is the starting point for many youth to learn about becoming and staying active, and developing healthy habits that they'll carry with them throughout their lives. And the benefits are far greater than just physical health. Whether it's gaining the confidence that comes from learning to swim or building the positive relationships that lead to good sportsmanship and teamwork, participating in sports at the Y is about building the whole child, from the inside out.

### PACETTI BAY INTRAMURAL LEAGUE

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_

**NEW PLAYER** ( Y / N )      **Y MEMBER** ( Y / N )      **ETHNICITY** (CIRCLE ONE) W B A H I O      HEIGHT \_\_\_\_\_

**AGE AS OF AUGUST 1, 2017** \_\_\_\_      **DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **SCHOOL** \_\_\_\_\_      **GRADE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_      **ZIP** \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

**PREFERRED PHONE#** \_\_\_\_\_      **ALTERNATE PHONE#** \_\_\_\_\_

**CELL PHONE PROVIDER** \_\_\_\_\_      **EMAIL** \_\_\_\_\_

**ADDITIONAL CONTACT** \_\_\_\_\_      **RELATIONSHIP** \_\_\_\_\_

**PREFERRED PHONE#** \_\_\_\_\_      **ALTERNATE PHONE#** \_\_\_\_\_

**CELL PHONE PROVIDER** \_\_\_\_\_      **EMAIL** \_\_\_\_\_

### REQUESTS

AT THE Y, WE STRIVE FOR TEAM PARITY TO ENSURE FOR A POSITIVE EXPERIENCE FOR ALL PARTICIPANTS. WE WILL DO OUR BEST TO HONOR REQUESTS, BUT THEY ARE NOT GUARANTEED. THANK YOU FOR YOUR UNDERSTANDING.

**DIVISION** (CIRCLE ONE)    6<sup>TH</sup> GRADE    7<sup>TH</sup> GRADE    8<sup>TH</sup> GRADE

**ABILITY LEVEL** (CIRCLE ONE)    **1. ADVANCED**    **2. INTERMEDIATE**    **3. BEGINNER**

**SPECIAL MEDICAL INFORMATION** \_\_\_\_\_

**INDICATE UNIFORM SIZE**    **YOUTH:** XS   S   M   L    **ADULT:** S   M   L   XL   XXL      **NUMBER OF SEASONS PLAYED** \_\_\_\_\_

### VOLUNTEERS NEEDED

IF YOU ARE INTERESTED IN HELPING OUR YOUTH SPORTS PROGRAM THIS UPCOMING SEASON, PLEASE CHECK ONE OF THE FOLLOWING:

- HEAD COACH     ASST. COACH     REFEREE     TEAM PARENT

**PLEASE SIGN ATTACHED WAIVERS**

EDITED 10.13.2015

**CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION**

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

**I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS**

**ACCEPTANCE**

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY**

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY** (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:**

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SIGNATURE OF PARTICIPANT (if less than 18-years-old, parents or legal guardians must sign below)

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DATE

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PARENT / GUARDIAN

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DATE

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PARENT / GUARDIAN

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DATE



