



YMCA OF FLORIDA'S EMERALD COAST, INC. YOUTH SPORTS REGISTRATION FORM

Participants Name _____ Gender M F Birth date ___/___/___ Age ___

Address _____ Home Phone _____
Last First MI Street City State Zip

Email address _____ Alternate Phone _____

Emergency Contact _____ Phone _____ / _____
Home Work

Relationship _____

PARENT/GUARDIAN INFORMATION (If under 18)

Parent/Guardian _____ Phone _____ / _____
Home Work

Employer _____ Work Phone _____

In the case of minor injuries, our YMCA staff is trained in basic first aid. Does the YMCA staff have your permission to utilize normal first aid procedures if you/your child requires it? YES NO

MEMBERSHIP WAIVER:

I, the participant or parent/guardian of a participant under the age of 18, am choosing to participate (or authorize my child to participate) in membership or programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. including the use of its facilities, equipment and machinery. I do hereby waive, release, and forever discharge the YMCA of Florida's Emerald Coast, Inc. and all of its branches and its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries and damages resulting from my (or my child's) participation. I understand that there are risks with any type of exercise program, and have consulted with my physician before committing myself to any of the programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. If applicable, I hereby certify that my child(ren) is/are in normal health and capable of participating in a YMCA program activity. I understand that the YMCA of Florida's Emerald Coast, Inc. and its branches are not responsible for personal property lost or stolen while members and/or program participants are using any of the YMCA of Florida's Emerald Coast, Inc. facilities or on YMCA premises. I have read and accept the information provided in its entirety and accept these policies as the participant (or parent/guardian of a participant under the age of 18) in a program/activity provided by any branch of the YMCA of Florida's Emerald Coast, Inc.

Signature _____ Date _____

I understand that all fees are due in advance of participation in any YMCA program/activity and are non-refundable. Monthly program fees are due and payable prior to the start of the program/activity. Payments made past the fifth day of each month are subject to a late payment fee of \$15.00. A \$10.00 transfer fee applies to change programs before the session is completed. I also grant the YMCA permission for photographs or video of myself or minor child participating in any YMCA program/activity to be used by the YMCA association, whether locally or nationally, to help promote YMCA programs/activities. I have read and accept the information provided in its entirety and accept these policies as the participant in a program /activity provided by the YMCA of Florida's Emerald Coast, Inc.

Signature _____ Date _____

BRANCH: Please Check

- Crestview Family YMCA
- Fort Walton Family YMCA
- Niceville Family YMCA
- Destin Family YMCA
- Walton County YMCA

Program Name: Please Check

- Soccer Flag Football Tee Ball
- Basketball Mini Me Basketball
- Coach Pitch Girls Softball

PLAYER T-SHIRT AGE GROUP

- | Youth Sizes | Please Check |
|---------------------------------------|--------------------------------|
| <input type="checkbox"/> X Small 2-4 | <input type="checkbox"/> 2-3 |
| <input type="checkbox"/> Small 6-8 | <input type="checkbox"/> 4-5 |
| <input type="checkbox"/> Medium 10-12 | <input type="checkbox"/> 6-8 |
| <input type="checkbox"/> Large 14-16 | <input type="checkbox"/> 9-11 |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> 12-14 |
| <input type="checkbox"/> Adult Medum | <input type="checkbox"/> 16-18 |
| <input type="checkbox"/> Adult Large | |

PROGRAM FEE: Please Check

- Members \$36.00
- Non Members \$48.00

VOLUNTEERING

Yes, I am interested in volunteering as a:

COACH _____ REFEREE _____

TEAM PARENT _____

FOR OFFICAL USE ONLY

Date Paid _____ Amt _____

Receipt # _____

Staff Signature _____