



Youth Sports Registration Form Shenango Valley YMCA



Sport (circle one) YBL Spring Soccer T-Ball Fall Soccer Deck Hockey

Location (circle one) Hermitage Farrell

1st Child's Full Name: _____ **Date of Birth:** _____ **Age:** _____ **Years Played:** _____

T-SHIRT SIZE (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

2nd Child's Full Name: _____ **Date of Birth:** _____ **Age:** _____ **Years Played:** _____

T-SHIRT SIZE (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

3rd Child's Full Name: _____ **Date of Birth:** _____ **Age:** _____ **Years Played:** _____

T-SHIRT SIZE (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

Family and Emergency Contact Information

Family Address: _____ City _____ State _____ Zip _____

Father/Guardian's Name _____ Email Address _____

Phone Number _____ Cell Phone _____

Mother/Guardian's Name _____ Email Address _____

Phone Number _____ Cell Phone _____

Any medical conditions that the coaching staff should be aware of: _____

DO YOU HAVE AETNA HEALTH INSURANCE? Yes No (if yes, you may be illegible for discounts)

Schedule Conflicts: _____

SPECIAL REQUESTS MAY NOT BE HONORED

How did you hear about this sport? _____

Have you or your child ever participated in a sport, program or clinic at our Y? Yes No

If yes, what did you participate in and when: _____

Have you ever been a member at our Y? _____

Team sponsors

The cost is \$100 per team and the sponsor's name will be printed on the back of the t-shirts.

() Yes, I can sponsor a team. **Please ask for and complete the Sponsor Form. Thank You**

Business/Company _____ Team/Age Group _____

Address _____

Volunteers

We are in need of coaches and concession stand assistants in order to have a successful program, newcomers welcome!

() Yes, I am willing to volunteer as a (please circle) **COACH** or **CONCESSION STAND** or **Both**

_____ (Thank You☺)

Name _____ Phone _____

T-Shirt Size Head Coach (circle one) A S A M A L A XL A 2XL

Shenango Valley Y Waiver Liability & Indemnity Agreement

Shenango Valley YMCA Membership/Program/Special Event Release and Waiver of Liability

My child(ren) has/have doctor's permission to participate in YMCA activities/membership. I/we fully understand the potential risks involved in participation with this program/membership. In the event that a medical emergency should occur I/we hereby give permission on behalf of our child(ren) to receive emergency medical treatment.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless the Mercer County Housing Authority, the YMCA and their directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child(ren) or damage to our property while my child(ren) is/are upon the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program.

I/we hereby consent to having photographs/video images taken of my child(ren) by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/we hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/we have read and voluntarily sign this release and waiver of liability. I further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations and Membership Comfort and Safety Rules and Regulations. Failure to do so may result in expulsion from the YMCA and its programs. I/we have read and understand the YMCA Refund Policy on programs/memberships.

MERCER COUNTY HOUSING AUTHORITY RESIDENTS: I/we understand that my name or that of my child(ren), address, phone number, membership type and scholarship amount will be reported to the Mercer County Housing Authority for tracking purposes, and hereby grant permission to the YMCA to report this information.

Participant's Name	Age	Date
Participant's Name	Age	Date
Participant's Name	Age	Date
Mother/Legal Guardian Signature	Print Name	Date
Father/Legal Guardian Signature	Print Name	Date
Witness Signature	Print Name	Date

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. **The information below is kept private and confidential.** Survey information will be provided in a group excluding names

Please help us keep our cost low by answering the following:

Ethnicity:

- White/Caucasian
- Black/African American Hispanic//Latino
- Asian Other

Marital/Children status:

- Married with children Married, no children
- Single female, with children Single male, with children
- Single no children other

Employment status:

- Employed
- Unemployed Retired

Household income:

- \$11,999 or under \$12,000 to \$14,999 \$15,000 or \$24,999
- \$25,000 to \$49,999 \$50,000 or above Unknown

YMCA Membership type:

- Adult Youth Youth/Young Adult Senior Family
- One Parent Family Military Financial Aid Non – Member

OFFICE USE ONLY

YMCA Membership type:

- Youth Family/One Parent Family Non – Member Financial Aid Membership expiration date: _____

Transaction # _____

\$ Amount Paid _____

Date _____

Staff Initials _____