

Andrew & Walter Young Family YMCA Sports Registration Form

Basketball **Soccer** **Baseball** **Tennis** **Golf**

Participant's Name _____ Contact # (_____) _____

Mailing Address _____ City _____ Zip _____

Birthday _____ Age _____ Sex _____

Father / Guardian #1 Name _____ Contact # (_____) _____

Mother / Guardian #2 Name _____ Contact # (_____) _____

Email Address #1 _____ Email Address #2 _____

YMCA Member # _____ Member at the _____ YMCA

SPECIAL REQUESTS:

THE YMCA CANNOT GUARANTEE THAT SPECIAL REQUESTS WILL BE HONORED

Additional Player Information

Number of Prior Seasons Played:	Last Team:	Last League and Date of Last Season Played:
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Team Preference:	Practice Preference:
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Other Children in League:	Name:	Age:
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Any Physical Problems We Should Know About:

Shirt Size:	Adult	S	M	L	XL	2XL	3XL
	Child	S	M	L			

Willing to Help Out

_____ Coach	_____ Newsletter	_____ Team Manager	_____ Fundraising
_____ Assistant Coach	_____ Telephone Calling	_____ Typing	_____ Referee
_____ Team Mother	_____ Field Maintenance	_____ Publicity	_____ Administration

Waiver

Participation in a Youth Basketball Program involves certain risks. The YMCA of Metropolitan Atlanta will not assume responsibility for any injury incurred while participation in any YMCA event. Nor will the YMCA of Metropolitan Atlanta be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are on the YMCA premises. I give permission for the YMCA, without obligation to me, to use any photographs, film footage, tape recordings which may include my and/or my child's image or voice for purposes of promoting or interpreting YMCA programs. I, the undersigned for myself, my heirs and assigns, do hereby release the YMCA of Metropolitan Atlanta and its branches, employees, and agents from any and all claims For injury, death, loss or damage I may suffer as a result of my participation.

Parent/Guardian Signature _____ Date _____

Annual Program Membership Fees: \$25.00 indiv. \$35.00 family



For Office Use Only	
Receipt # _____	
Amount Paid _____	
Check # _____	
Initial _____	Date _____