



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2018 YOUTH SPORTS REGISTRATION CANNON MEMORIAL YMCA

**Special Team Request:** While we do our best to accommodate special requests for teams, coaches, etc. please keep in mind that the Cannon Memorial YMCA DOES NOT GUARANTEE this request will be met due to our attempts to balance team sizes and skill levels.

**Participant Name:** \_\_\_\_\_

**Sport registering for?** \_\_\_\_\_

### PARTICIPANT INFORMATION:

Branch you wish child to play for? **Kannapolis** **West Cabarrus** **Harrisburg**

Age group requested to play: (circle one) 3-4 5-6 7-8 9-10 11-12 13-15 16-18

Age as of August 1, 2018 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any impairments, sicknesses, fears, etc. the Y and/or the coach should be aware of?  
\_\_\_\_\_

### Practice Preference:

Please circle one day that you **CANNOT** practice.

MONDAY TUESDAY WEDNESDAY THURSDAY OPEN AVAILABILITY

### Special Request:

Coach/Teammate: \_\_\_\_\_

**Again, we cannot guarantee request; however we will make every effort to make accommodations.**

Jersey Size: (circle one)

Yth XS Yth Sm Yth Med Yth Lrg Ad Sm Ad Med Ad Lrg Ad XL Ad XXL

### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Do you have medical coverage for the listed participants? YES NO

Cell number to text: \_\_\_\_\_

For texting purposes, who is your cell phone carrier?: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

For this program to run effectively, parent volunteers are needed to help in various areas. Instructional training clinics will be held to properly train volunteers prior to the season. The Sports Director will assist you and has a variety of resources for volunteers to use. No prior experience is necessary!

YES, I would like to volunteer as:    Head Coach    Assistant Coach

Preferred day of practice? (circle all that apply)

Monday    Tuesday    Wednesday    Thursday

Preferred time of practice? (circle one) 6:00 PM    7:00 PM    8:00 PM

T-Shirts are provided for coaches, please list size:

Ad Sm    Ad Med    Ad Lrg    Ad XL    Ad XXL    Ad XXXL

Preferred email address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

**PARENT NIGHT MEETING**

Which parent night meeting will you attend?

Tuesday, August 21 @ 6:30 PM        or        Thursday, August 23 @ 6:30 PM

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Do you want to make a donation to the Annual Support Campaign?

\$5     \$10     \$20     \$25     \$40     \$50     \$75     \$100

**PERMISSION TO PARTICIPATE**

I assume all the risks and hazards incidental to the conduct of the YMCA Sports Program. I further release, absolve, indemnify, and hold harmless the Cannon Memorial YMCA, its Board of Directors, Staff (paid and volunteer), Sponsors, and Organizers. In case of injury to myself, I hereby waive all claims against the aforementioned parties. I give the YMCA permission to reproduce for promotional purposes, photographs of me and/or my family while participating in YMCA activities or programs.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**WAS THIS PLAYER?                      REGISTERED    OR    WAIT LISTED**