



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 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 11-13 (Soccer) 11-14 (FF)

Age as of January 1, 2019 _____ Date of Birth: _____

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

Please select a day you *CANNOT* practice. (circle all that apply)

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:

Do you want to make a donation to the Annual Support Campaign? (Circle One)

\$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