



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016 FALL 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**

If your child needed to play at an alternate location, which location would you prefer?

Kannapolis West Cabarrus Harrisburg

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

Age as of August 1, 2016 _____ Date of Birth: _____

Gender: Male Female

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

Preferred day of practice? (circle all that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY

Jersey Size: (circle one)

Yth XS (4-5) Yth Sm (6-8) Yth Med (10-12) Yth Lrg (14-16) Ad Sm Ad Med Ad Lrg Ad XL

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to participant: _____

Preferred EmailAddress: _____

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?: _____

SIGNATURE REQUIRED ON BACK OF REGISTRATION FORM

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

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:

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