

DELAND YMCA FAMILY CENTER YOUTH SPORTS ENROLLMENT FORM

Sport (circle one): Hockey Flag Football Soccer Basketball Volleyball T-Ball

Child's Name: _____ Age: _____ Date: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Sex: _____

School: _____ Grade in fall: _____ Parent's E-mail: _____

Mother's Name: _____ Phone #: _____ (day or cell #)

Father's Name: _____ Phone #: _____ (day or cell #)

Emergency Contact/Pick up Person (s):

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

T-shirt Size (Circle One) **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **2XL**
(6-8) **(10-12)** **(14-16)**

Please put the correct size shirt you want your child to wear for games,
as we order the size listed above and cannot order another size once the order has been placed.

Volunteering Opportunities

Yes, I _____ would like to volunteer as a (circle one):

Coach

Assistant Coach

Team Parent

Team Sponsor

Official

Agreement and Release of Liability Statement

I understand that the Deland YMCA assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of my child that I assume the risk for any and all injuries and illnesses that may result from his/her participation from those activities. I hereby release and discharge the Deland YMCA, its agents, servants and employees from any claim for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in those activities. I hereby certify that my child is in normal medical treatment and capable of safe participation in the sports programs. I hereby authorize the YMCA to obtain medical treatment for my child in the event that a parent and the emergency contact cannot be reached.

I understand the Deland YMCA is not responsible for personal property lost or stolen while a member and/or program participant on the Deland YMCA premises.

I give my permission to the Deland YMCA to use, without limitations of obligations, photographs, film footage, or tape recordings which may include image or voice of myself and/or the participants I am parent/guardian of, for the purpose of promoting or interpreting Deland YMCA programs. Please "X" out this paragraph if you don't want your child's picture taken.

I support the YMCA Youth Sports philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play, family involvement and volunteer leadership. I also recognize that the YMCA Youth Sports program is rooted in the following Character Values: Caring, Respect, Responsibility, Honesty and Faith.

Signature of parent or legal guardian

Date

Special requests for travel purposes only:

All attempts are made to insure teams have evenly skilled players. Attending Clinic Day helps YMCA staff accomplish this goal. All players will be assigned teams based on skill level, age, height, and experience. Teammate / coach requests can be made only for transportation issues. All requests must be mutual to be considered. Please provide first and last name of the person you're requesting to be placed with. If it's a teammate, please include their age. Please understand that all efforts will be made to accommodate travel arrangements but are not guaranteed. You may only request a player or coach, not both.

Requests made within one week of the first game may not be able to be honored.

Teammate/Coach Request (age for teammate, too)_____