

Cameron Regional YMCA
PROGRAM REGISTRATION FORM

Name of Participant _____ Facility Mbr _____ Non Mbr _____ Sex _____

Birthdate ____/____/____ Age _____ Height _____

Address _____ City _____ State _____

Zip Code _____ Email Address _____

Phone _____ School _____ Grade _____

Program _____ Session _____ Time _____

Special Health Needs or Accommodations _____

Parent
or
Guardian (Last) _____ (First) _____ Work or Cell Phone _____

In Emergency Contact _____ Phone _____

AGREEMENT

Youth Sports Information:

1st Time Participant _____ # of Previous Seasons as Participant _____

Uniform Size: **Youth:** YXS(2-4) YS(6—8) YM(10—12) YL(14—16) **Adult:** AS AM AL AXL

_____ will be willing to participate in support of this program as a
(Name)

Coach or Assistant Coach (circle one) Coach's Phone Number _____

Coach's Shirt Size: AS AM AL AXL AXXL AXXXL

1. I hereby certify that my child is in normal health capable of safe participation in YMCA programs. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
2. I support the YMCA Philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.
3. I do do not authorize the YMCA to take and use photographs, slides or videos of my child as may be needed for publication and promotional purposes. Names will not be used-photo/video only.

Signature Date

FOR OFFICE USE

Date _____ Amount Paid _____ Check _____ Cash _____ Cr Card _____

Notes: