

**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**

<b>Youth Sports Information:</b>	
1st Time Participant _____	# of Previous Seasons as Participant _____
T-Shirt Size: <b>Adult Sizes:</b> AS AM AL AXL	<b>Youth Sizes:</b> 6—8 10—12 14—16
_____ will be willing to participate in support of this program as a (Name)	
Coach or Assistant Coach (circle one).	Coach's Shirt Size: S M L XL XXL XXXL

- 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.
- 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.
- I   do     do not   authorize the YMCA to take and use photographs, slides or videotapes of my child as may be needed for publication and promotional purposes.

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

**FOR OFFICE USE**

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Receipt# \_\_\_\_\_

Notes: