

**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 _____

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

AGREEMENT

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 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: