

## 2012 Important Dates

### Indoor Soccer

Registration: December 12 to January 5  
Skills Clinic: January 7

### Spring Basketball

Registration: February 4 to March 1  
Skills Clinic: March 3

### Spring Volleyball

Registration: February 4 to March 1  
Skills Clinic: March 3

### Spring Outdoor Soccer

Registration: March 31 to April 19  
Skills Clinic: April 21

### T-Ball/Baseball

Registration: May 26 to June 9  
Skills Clinic: June 12, 14 or 16

### Fall Outdoor Soccer

Registration: May 26 to August 9  
Skills Clinic: August 11

### Flag Football

Registration: August 4 to September 13  
Skills Clinic: September 15

### Fall Volleyball

Registration: August 4 to September 13  
Skills Clinic: September 15

### Fall Basketball

Registration: October 13 to November 1  
Skills Clinic: November 3

Updated December 2011

## Tuscarawas County YMCA Youth Sports Registration Form

Sport \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Player \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex M or F

Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Shirt Size
YS 6-8
YM 10-12
YL 14-16
AS AM AL

Special Health Needs or Concerns \_\_\_\_\_

Agreement: \_\_\_\_\_

I \_\_\_\_\_ am willing to participate as a volunteer in support of this program as a:

Coach      Assistant Coach      Official      T-shirt Team Sponsor

Nights not available for practice: \_\_\_\_\_

Preferred Team Mate(Please list only 1 or 2): \_\_\_\_\_

hereby certify that my child is in normal health and capable of safe participation in the youth sports program. 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 Tusc. Co. YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

I support the Tusc. Co. YMCA Youth Sports Philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership.

I give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recording which may include an image or voice for purposes of promoting or interpreting YMCA programs.

I understand that this program is staffed with volunteers.

Signature of parent or guardian \_\_\_\_\_

**Cost: Members \$20      Others \$45**