

TUSCARAWAS COUNTY YMCA YOUTH SPORTS REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name of Participant							51.111.	
	Last		First				Skill Level	
Sport	Age	Division: 3-4yrs	4-6yrs 1	st-3rd grd.	4th-6th grd.	☐ Beginner		
							□ Intermediate	
Grade Age D.O.B.	//_	Gender: (M	l / F) Past	Participant:	(Y/N)		☐ Advanced	
	M D	YR						
Address		City_				_ State	eZip	
Email Address (please provide	e to receive le	ague information	1)					
Parent/Guardian name(s)								
Home phone		_Cell phone		Work p	hone			
Emergency contact: Name				PI	none:			
Shirt size: YXS(2-4)	/S (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL	
Teammate request: (maximun	n of two)							
COACH/VOLUNTEER SI	GN-UP							
I am willing to participate as		support of this	nrogram as a					
☐ Coach ☐ Assistant		□ Referee	program as a		grams ar	e staf	fed with volunteers	
ame:				Only 1-	Only 1-2 hours per week commitment!			
Email and Phone (if not listed								
Linan and Frione (if not listed	- above)							
PARTICIPATION WAIVE	FD							
		saalth and canabl	o of cofe word	visionation in	+ha vau+h			
I hereby certify that my child risk(s) and hazards incidental								
authorize the Tusc. Co. YMCA	₹ to obtain me	edical treatment f	for my child in	the event t	hat parent	t(s) and	the emergency contac	
cannot be reached.	. Variable Constitution	- Dhila h hia	-b-!bd				Ciana and Installation (1911)	
I support the Tusc. Co. YMCA development, teamwork, fair	-				n, run, pn	ysicai	ritness and health, skill	
I understand that this progra	ım is staffed v	vith volunteers.						
PHOTOGRAPH RELEAS	E							
I give permission to the Tusc recording which may include		•		_				
□ Yes □ No								
Signature of Parent/Guard	ian	Date						