



Campbell County YMCA YOUTH SPORTS REGISTRATION

Sport: 2010 FLAG FOOTBALL- REG: AUG 7-SEPT 10 SEASON:OCT 2-NOV 6

Mem Num: _____

Staff Initials: _____

Date: _____

Participant's Name _____ Birth Date _____ Sex: M or F Member: Yes No

Address _____ City _____ State _____ Zip _____

Do you live in the City of Cincinnati limits? Yes No

Total number of people in your household: _____ Phone _____ Email _____

Please list all Child's Medical Conditions: _____

Emergency Contact: (other than parent/guardian)

Name: _____ Telephone: _____ Relationship: _____

Parent/Guardian Information:

Parent/Guardian's Name _____ Parent/Guardian's Name _____

Work or Cell # _____ Date of Birth: _____ Work or Cell # _____ Date of Birth: _____

Parent/Guardian Place of Employment: _____

Child's T-Shirt Size (circle one): Yth Sm (6-8) Yth Med (10-12) Yth Lg (14-16) Adult Sm Adult Med Adult Lg Adult XLg

_____ would like to volunteer as: _____ Coach _____ Assistant Coach Adult Shirt Size _____

My child would like to be on the same team as: _____

*Can not guarantee placement on certain team if registered after September 10, 2010.

Age Group (circle one): 6-7 8-10 *Age is determined by how old child is on October 2, 2010.

Cost: Member- \$45 Community Participant- \$65 \$10 coaching discount \$10 discount off of second child

Parents' Code of Conduct: I understand that sportsmanship, skill development, fun and participation are an important part of YMCA Youth Sports. I agree to cooperate with league officials and coaches to achieve the purpose of this program and conduct myself in the appropriate manner.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Waiver: The participant is in good health and capable of participating in YMCA programs. I understand the potential risks and hold harmless the YMCA staff directors and volunteers from accidents resulting from participation. I authorize in a medical emergency, after reasonable effort is made to notify immediate family members, the YMCA representative may seek emergency assistance at my expense. I give my permission and consent to the use of any photographs, videotapes or other media record of my child's participation at the YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose for my child not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove my child from the picture.

Parent/Guardian Signature _____ Date: _____

United Way Reporting Purposes ONLY: (THIS PROGRAM IS PARTIALLY FUNDED THROUGH UNITED WAY DOLLARS. TO HELP US IN OUR REPORTING WE REQUEST THE FOLLOWING INFORMATION. IT WILL BE KEPT CONFIDENTIAL)

Participant's Race: ___ White/Caucasian ___ Black/ African-American ___ Asian ___ Multi-Racial ___ American Indian
___ Hispanic ___ Native Hawaiian/Pacific Islander ___ Other

Household Income: ___ \$0-\$9,999 ___ \$10,000-\$14,999 ___ \$15,000-\$24,999 ___ \$25,000-\$35,000 ___ \$35,000+

Everyone Deserves a Y Campaign: Did you know we provided financial assistance to over 22,000 people in 2009 so that no child was turned away from a YMCA program? Are you willing to help give another child the experience of YMCA youth sports?

Amount: \$ _____

Payment Method: Cash Check Charge

Program Fee		Visa	MasterCard	American Express
Credit Used	-	Name on Card		
Strong Kids Donation	+	Card #		
Total Amount Paid	=	Expiration Date		

