

**Y-ZONE**

 New Castle  
Community YMCA

We build strong kids, strong families, strong communities.

**YMCA REGISTRATION FORM**

SPORT/ PROGRAM: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Male/Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special health needs/special requests: \_\_\_\_\_

Past Participant:      yes/no      Number of years of previous experience: \_\_\_\_\_

T-Shirt: Youth S M L or Adult S M L XL (circle one)      **\*T-shirts are not used for all programs**

Parent(s) name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

**or**  
 Guardian(s) name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Agreement**

- I 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 YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
- I support 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 am willing to participate as a volunteer in support of this program as a: (circle one or more)  
 Coach      Assistant Coach      Official      Other \_\_\_\_\_
- I am willing to participate in the YMCA Youth Super Sports Sponsorship Program: (circle one) Yes    No

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE**

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

Scholarship Amount: \_\_\_\_\_ Team Assignment: \_\_\_\_\_