

Goldsboro Family YMCA– Youth Sports Registration Card

Name of Player _____ Sex _____ DOB _____ Age _____
Address _____ City _____ Zip _____
Home Phone _____ Players School _____
Member/Non-Member _____ T-Shirt Size: Youth: S M L Adult: S M L
First Time Participant _____ # of previous seasons _____ Special Medical Needs _____
Parent's Name(s) _____ Work Phone _____
Email Address _____ Work Phone _____
Emergency Contact _____ Phone _____ Relationship _____

SJAFB, Base Pass Info: (For *Soccer* and *Basketball* Participants ONLY, ***4 passes per player)***

Name, Drivers License #, State: _____

****Please Circle Sport Registering For:

Fall Soccer Flag Football Basketball Spring Soccer T-Ball/Coach Pitch

***** Please See Other Side of Form*****

** Special request for team assignments are NOT encouraged. In order to enhance social skills, we encourage the youth to interact with new participants each year. We must also balance the team structures to allow for an enjoyable experience for all participants and volunteers.

1. 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 this 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 Youth Sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.
3. I am willing to participate as a volunteer in support of this program as a: (Circle one or more)

Coach Asst. Coach Official Other _____

Parent or Guardian Signature

Date

******Please verify sport registering for:**

Fall Soccer Flag Football Basketball Spring Soccer T-Ball/Coach Pitch

*****For Official Use Only*****

Member _____ Non-Member _____ Date _____ Amt. Paid _____