



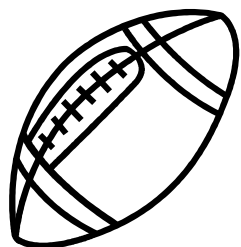
Downtown YMCA

Kathleen Price Bryan Family YMCA

Hayes-Taylor Memorial YMCA

Kiddie Kickers/Youth Soccer

Ages 3-4, 5-6, 7-8, & 9-10



Flag Football

Ages 5-6, 7-8, 9-11, & 12-14

Registration Deadlines:

Kiddie Kickers/Youth Soccer: August 1, 2010

Flag Football: August 6, 2010

**A \$15 late registration fee will be applied to all registrations submitted after the deadline*

Season Length: September – Mid-November

Cost: \$55 YMCA Members or \$80 Non-YMCA Members

YMCA Philosophy: The Greensboro YMCA believes that youth and their families can benefit from participation in sports where emphasis is placed on fun, fitness, and fair play. Under the guidance of dedicated staff and volunteer leadership, the goal is to provide a quality experience that will not only develop individual athletic skill, but Christian values, self-esteem, and an understanding that there are many ways to win. All sport activities are open to boys and girls. We hope the program will provide a learning experience for all participants based on the practice of athletes first, winning second.

Financial Assistance: The goal of the YMCA of Greensboro is to turn no one away due to inability to pay. Financial Assistance is available through our Open Doors Program. For more information, please contact our staff at the Bryan Family YMCA or you may download an application on our website or register at our website: www.bryanymca.org. You may also contact our front desk at 336-478-9622.

YOUTH SPORTS REGISTRATION FORM GREENSBORO YMCA

**** PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD IN THE FAMILY ****

Circle Sport: **Soccer** **Flag-Football** Age Group: _____

Member/NonMember _____ Gender: _____ Age: _____ Birthday ___/___/___

PLAYER INFORMATION

First Name _____ Last Name _____ Phone _____

Address _____ City _____ Zip _____

School Child Attends _____ Grade: _____ First Time Participant? _____

Number of previous season as a participant in this sport? _____

T-Shirt Size: *Youth* YS (6-8)___ YM (10-12)___ YL (14-16)___ *Adult* AS___ AM___ AL___ AXL___

EMERGENCY PHONE INFORMATION

Father's Name _____ Home _____ Work _____ Ext. _____

Cell Phone _____ E-mail: _____

Mother's Name _____ Home _____ Work _____ Ext. _____

Cell Phone _____ E-mail: _____

REQUESTS*:

***NOTE: The Youth Sports Staff will attempt to place your child according to your preference; however, due to the large number of participants, we cannot guarantee preferred placement.**

Last year's Coach/Team _____ Coach/Team Requested _____ 1st priority Coach ___ Player ___ Day ___

Night/Time **Unable** to Practice _____ Player Preference (one child only) _____

****** I am willing to participate as a volunteer in support of this program as a (CHECK ALL THAT APPLY)**

Coach ___ Assistant Coach ___ Team Parent ___ Scorekeeper ___ Other ___

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Legal Guardian Signature

Date _____