



# PETAL FAMILY YMCA Fall 2019 SOCCER REGISTRATION

Participant's F Name \_\_\_\_\_ M.I. \_\_\_\_\_ L Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Please place a check mark in your child's appropriate age division.

<b>U6</b> ____	Child is 4 or 5 years old on August 31, 2019	<b>U8</b> ____	Child is 6 or 7 years old on August 31, 2019	<b>U10</b> ____	Child is 8 or 9 years old on August 31, 2019
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Parent(s)/Guardian: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone (1) # \_\_\_\_\_ Phone (2) # \_\_\_\_\_  
 Emergency Contact Name & No. \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Shirt Size** Youth XS S M L Adult S M L **Short Size** Youth XS S M L Adult S M L  
 Special Request(s) **WHEN** possible: \_\_\_\_\_

**Volunteer Coaches Needed:** The strength of YMCA Youth Sports programs depends on volunteer and parent participation. If you would like to **COACH** your child's team please list here.

**Name:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

### Photography/Video Permission

I DO  I DO NOT give my permission for myself/my child to be photographed or videotaped at The Family Y/ Petal Family Y and use the resulting photographs for any purpose The Y deems proper and I relinquish all rights, title and interest in the finished photographs and negatives. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission For Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability:** I am an adult over 18 years of age and wish to participate in The Family YMCA of Southeast Mississippi Inc., activities and/or I give my children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### We're for healthy living, youth development, and social responsibility. YOU can help us make a difference!

The Family YMCA and Petal Family YMCA serve the Greater Pine Belt Area by awarding fee assistance to those in need...and we are always looking for people with a heart to give.

The YMCA never turns anyone away because of an inability to pay – that's why contributions to the Campaign for Youth and Families are so important. They provide much-needed, fee assistance to hundreds of kids, families and active adults, allowing them to benefit from YMCA membership and programming. If we can strengthen the life of one child or family, we can strengthen the foundation of our community.

If you believe in what we do, the Campaign for Youth and Families is one way you can help; just add to your registration fee.

\$2 \$5 \$10 \$15 \$20 Other \$\_\_\_\_\_ One time donation to the Campaign

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Date:** \_\_\_\_\_ **Rec#:** \_\_\_\_\_ **Amt:** \_\_\_\_\_ **Check / Cash / CC Staff Initials:** \_\_\_\_\_