



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Fees and Placement**

Members—\$54.00 // Non—Members—\$84.00

There is a \$10.00 late fee if you register after end of registration date

Sport	Age Group	Shirt Size
<input type="checkbox"/> Spring Soccer	<input type="checkbox"/> 4-5 (co-ed)	<input type="checkbox"/> Youth Small (6-8)
<input type="checkbox"/> Summer Baseball/Softball/T-ball	<input type="checkbox"/> 6-7 (co-ed)	<input type="checkbox"/> Youth Medium(10-12)
<input type="checkbox"/> Fall Soccer	<input type="checkbox"/> 8-9 boys	<input type="checkbox"/> Youth Large (14-16)
<input type="checkbox"/> Flag Football	<input type="checkbox"/> 8-9 girls	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> 10-11 boys	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Winter Basketball	<input type="checkbox"/> 10-11 girls	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> 12-14 boys	<input type="checkbox"/> Adult X-large
	<input type="checkbox"/> 12-14 girls	

**PLEASE PRINT**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (circle) M or F

School: \_\_\_\_\_ **\*\*Email Address:** \_\_\_\_\_

\*\*(Required—Email address is used to communicate practice and game schedules only)

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

Home Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RELEASE OF LIABILITY**

In the event of an accident, I am aware that the YMCA of Greenville does not provide accidental insurance, and I will not hold the YMCA of Greenville responsible for any injury.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Is there a day of the week or time you **cannot practice**? Please specify - \_\_\_\_\_

\*\*\*\*Please note: We **CANNOT** guarantee practice times, days, or coaches. \*\*\*\*

**The Eastside Family YMCA Youth Sports program needs volunteers. Please sign up to coach, assistant coach or team parent.**

Coach: Name - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Assistant Coach: Name - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Team Parent: Name - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Day and Time you want to practice (ex: Tues @5:30 pm, Wed @5:30 pm, etc): \_\_\_\_\_

Best email to contact you at: \_\_\_\_\_

\*\*This will be the primary contact with the Sports Director

**Have you filled out the following if coaching or assistant coaching ONLY:**

\_\_\_\_\_ Back ground check \_\_\_\_\_ Volunteer application

**YOUTH SPORTS SPONSORSHIP**

Sponsorships' are a great way to advertise your business and help the community. Please contact Cameron McDowell at the Eastside Family YMCA if you or someone you know is interested.

**For Office Use Only**

If coaching have they completed \_\_\_\_\_ Is all information filled out \_\_\_\_\_

\_\_\_\_\_ Back ground check and \_\_\_\_\_ Staff Initials of confirmation \_\_\_\_\_

\_\_\_\_\_ Volunteer application \_\_\_\_\_

Is email address complete and correct \_\_\_\_\_