



Youth Programs REGISTRATION FORM

www.Y4all.org



Foothills Area Family YMCA – ph: 864-888-0622 fx: 864-888-0624 – 10121 Clemson Blvd. Suite F, Seneca, SC 29678

PARTICIPANT NAME: _____ SEX: M / F AGE: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

FOOTHILLS YMCA MEMBER: YES / NO EMAIL: _____

PHONE NUMBER (Home) _____ (Work) _____ (Cell) _____

PARENT NAME(s) (EMERGENCY CONTACT): _____

MEDICAL CONDITIONS/ALLERGIES/ASTHMA/ETC: _____

OTHER ITEMS OF INTEREST/ BUDDY REQUEST: _____

Please Select Program: (check all that apply)

<input type="checkbox"/> - Spring Flag Football* <input type="checkbox"/> - Fall Flag Football* <input type="checkbox"/> - Indoor Soccer* <input type="checkbox"/> - Volleyball* <input type="checkbox"/> - Parents Night Out	<input type="checkbox"/> - Spring Soccer** <input type="checkbox"/> - Fall Soccer** <input type="checkbox"/> - Swimming Lessons <input type="checkbox"/> - Mini Camp (fall / winter / spring) <input type="checkbox"/> - Other: _____ <input type="checkbox"/> - Other: _____
<p>*Please Circle Shirt Size</p> <p>Youth: XS S M L</p> <p>Adult: S M L</p>	<p>**SOCCER ONLY</p> <p><u>Jersey Size: (ALL AGES)</u></p> <p>Youth: XS S M L Adults: S M L</p>
<input type="checkbox"/> - I am interested in volunteering as a: *COACH CO-COACH OTHER Name: _____ *Head coach will have one registration fee waived. Please circle your volunteer position of choice.	

Release of Liability:

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I have against the FOOTHILLS AREA FAMILY YMCA, CLEMSON UNIVERSITY, Tribble Center, South Cove Park, Gignilliat Center, all locations where YMCA programs are held and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also state that my child is in good physical condition and able to participate in YMCA programs. In the event of an accident – I am aware that the YMCA does not provide accident insurance and will not hold the YMCA responsible for any injury.

Parent Code of Conduct:

I, as parent/guardian, promise to be respectful of parents, coaches, officials and children of all teams. I promise to show good sportsmanship and keep in mind that we, as adults, set examples for the children. I also understand that any destruction or YMCA property, profanity, use of alcohol or illegal drugs on YMCA property is forbidden and my result in removal of myself or my family from participation in YMCA programming.

I understand that NO PETS shall be brought to YMCA programs (leashed or otherwise).

Signature of Parent/Guardian: _____

Date: _____

(Please Check)

I DO ___ DO NOT ___ give permission to the Foothills YMCA, to use photographs, photographic image or video of myself or my family in official YMCA business, including: Web sites, newsletters, and newspapers, etc.

FOR OFFICE USE ONLY: AMT PAID: _____ TYPE OF PAYMENT: _____ DATE RECEIVED: _____ INITIALS: _____