



# SPORTS REGISTRATION

ver. 1.2.2007

## Section 1

SEASON: Fall Winter Spring Summer SITE: SW NW YMCA SPORT:

## Section 2 For Members or Returning Players

Child First Name:  Child Last Name:

Phone Number in case of Update Questions:  --  Age:

If there are NO changes please skip to Section 4. Shirt Size: YS YM YL AS AM AL AXL

If there are changes, check box and enter ONLY the new changes in Section 3.

## Section 3 Record Updates

Child First Name:  Child Last Name:

Address:

City:  Zip:  Grade:  Age:

Home Ph:  --  Sex: M F Shirt Size: YS YM YL AS AM AL AXL

\*The YMCA of Kern County prefers to send program updates to the community via email. If you wish to receive YMCA updates via email, please provide us with your email address below. Otherwise, please leave blank. If you do not have email & wish to receive updates in the mail, please indicate so below.

\*E-Mail:   Please add me to the YMCA mailing list.

Birthdate:  /  /

Mother/Guardian:  Mess Ph:  --

Father/Guardian:  Mess Ph:  --

Sibling(s):

Membership Type:  Individual  Family Date Joined/Renewed:  /  /

After Regular Registration ends Late sign ups will be taken to fill available spots on teams.

## Section 4

How did you hear of our program? 1.Walk In 2.Friend/Family Member 3.Fam. Magazine 4.Flyer/School 5.Internet 6.Other

**Each team must have at least one parent volunteer coach. Those willing to volunteer please indicate below.**

Volunteer as a (please circle): Coach / Assistant Coach / Team Parent

Volunteer Name:  Phone:  --

I know a business that may be willing to sponsor a team.

I would like to donate to help a child participate in YMCA Sports. \$

## Section 5

I hereby certify that the above named individual is in good health and capable of participation in the YMCA of Kern County programs, equipment and facilities. I hold the YMCA harmless for any damages or injuries sustained on any activities. In case of an accident, the YMCA of Kern County has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form. I also understand that parent and child conduct must reflect YMCA Youth Program Philosophy, and I authorize the YMCA to use photographs, slides and/or videos of the person on this application as may be needed for its community relations program. There will be no cash refund unless the program is cancelled. Program credit will be given if requested. Your signature below is also your authorization to charge your credit card if you choose to use this method of payment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5880 DISTRICT BLVD. STE 13 / BAKERSFIELD / 93313 / 661-837-9622 / WWW.YMCAOFKERN.ORG

OFFICE USE ONLY!	AMOUNT PAID:	Cash / Credit / Check	Check #:	TEAM #
VALIDATE MEMBERSHIP:	STAFF INITIALS:	RECEIPT #:		COACH: