



# SPORTS REGISTRATION

## Section 1

Check If Current Member

Update My Record

First Name:

Last Name:

Phone Number in case of Update Questions:

If there are no changes please skip to Section 3. If there are changes, ONLY enter the updates in Section 2. And check "Update My Record" box.

## Section 2

First Name:

Last Name:

Address:

School:

City:

Zip:

Grade:

Home Ph:

Sex:

M F

Shirt Size:

YS YM YL AS AM AL AXL

Birthdate:

E-Mail:

Mother/Guardian:

Mess Ph:

Father/Guardian:

Mess Ph:

Sibling(s):

Date Joined/Renewed:

Membership Type:

Individual

Family

Non-Member

**THERE WILL BE A \$10 EXTRA CHARGE FOR LATE REGISTRATION SIGN UPS!**

## Section 3

SEASON:

Fall Winter Spring Summer

SITE: SW

NW

SPORT:

## Section 4

How did you hear of our program? 1. Walk In 2. Friend 3. Fam. Magazine 4. Family Member 5. 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. (Sponsorship is a \$150 donation and covers the plaque.)

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 public relations program. There will be no cash refund unless the program is cancelled. Program credit will be given if requested.

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

Date: \_\_\_\_\_

5880 DISTRICT BLVD. STE 13 / BAKERSFIELD / 93313 / WWW.YMCAOFKERN.ORG

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