



# Greenville YMCA Spring Soccer League 2011 Registration Form



First Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

Second Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

Third Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 T-Shirt Size (circle one) Y S(6-8) Y M(10-12) Y L(14-16) A S A M A L A XL

Parents' Name \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone # (home) \_\_\_\_\_ (work or cell) \_\_\_\_\_

Make Checks Payable To: YMCA  
\$25 YMCA member or Gvl Boro resident (\$15 each addl child) \$50 Non-Boro Resident (\$25 each addl child)

Medical concerns: \_\_\_\_\_

**Special Requests will not be honored**

**Team sponsors**

The cost is \$100 per team and the sponsors name will be printed on the back of the t-shirts.  
 ( ) Yes, I can sponsor a team.  
 Business/Company \_\_\_\_\_ Team/Age Group \_\_\_\_\_

Address \_\_\_\_\_

**Coaches**

We are in need of coaches in order to have a successful program, newcomers welcome!  
 ( ) Yes, I am willing to volunteer as a coach (Thank You☺)

T-Shirt Size Head Coach (circle one) A S A M A L A XL A 2XL

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. The information below is kept private and confidential. Survey information will be provided in a group excluding names

**Please to help us keep our cost low by answering the following:**

**Ethnicity:**

- White/Caucasian
- Black/African American
- Hispanic//Latino
- Asian
- Other

**Marital/Children status:**

- Married with children
- Married, no children
- Single female, with children
- Single male, with children
- Single no children
- other

**Employment status:**

- Employed
- Unemployed
- Retired
- Unknown

**Household income:**

- \$11,999 or under
- \$12,000 to \$14,999
- \$15,000 or \$24,999
- \$25,000 to \$49,999
- \$50,000 or above
- Unknown

**Membership type:**

- Adult
- Youth
- Youth/Young Adult
- Senior
- Family
- One Parent Family
- Military
- Financial Aid
- Non – Member

**OFFICE USE ONLY**

Transaction # \_\_\_\_\_ \$ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

## **Shenango Valley YMCA Youth Sports Release, Waiver Liability & Indemnity Agreement**

My child has doctors' permission to participate in YMCA activities/membership. I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is on the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program.

I/we hereby consent to having photographs/video images taken of my child by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/we hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/we have read and voluntarily sign this release and waiver of liability on behalf of my child. I/we further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations. Failure to do so may result in expulsion from the YMCA and its programs. I/we have read and understand the YMCA Refund Policy on programs/memberships.

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
AGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER/ LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER/ LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE