



WAXAHACHIE FAMILY YMCA Youth Sports Registration Form

WAXAHACHIE FAMILY YMCA

Phone: 972-937-9622

www.waxahachieymca.com

Child's Name _____ Height _____ M _____ F _____

Address _____ City _____ Zip _____

Primary Phone _____ Email _____

Parent Name _____ Parent D.O.B. _____

School _____ Age _____ Grade _____ D.O.B. _____ WAXAHACHIE YMCA Member _____ Non Member _____

Jersey size: (YXS not available for T-ball) **YOUTH:** X-Small _____ Small _____ Medium _____ Large _____ **ADULT:** Small _____ Medium _____ Large _____ X-Large _____

SPORT: Soccer _____ Volleyball _____ Flag Football _____ Baseball _____ Softball _____ TBall _____ Basketball _____ Bitty Ball _____ Other _____

Child's previous sport experience (1 being *None*, 3 being *Moderate*, and 5 being *Extensive*): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

I would like my child to be coached by (name) _____ Team Played on last season _____

I would like my child and (friend's name) 1. _____ 2. _____ to be on the same team.

*Requests are fulfilled if possible. Not guaranteed.

YMCA VOLUNTEERS ARE NEEDED: I would like to volunteer as a Coach _____ Assistant _____ TeamParent _____

My Name _____ Phone _____ Email _____

*Head Coach T-Shirt Size: Adult S _____ M _____ L _____ XL _____ XXL _____ *Only Head Coach will receive a complimentary shirt

I would like to donate to the Waxahachie Family YMCA youth sports program to assist a child in need of financial assistance. Yes _____ No _____

\$5 _____ \$25 _____ Other\$ _____

YMCA YOUTH SPORTS PHILOSOPHY

To allow kids to participate in a noncompetitive program with an emphasis on fun, development of character, and fair play. We believe our youth sports programs help families and individuals grow personally, clarify values, improve relationships, appreciate diversity, develop leadership skills and most of all, have fun!

PARTICIPATION & PUBLICITY RELEASE

The Waxahachie Family YMCA will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent/child & outings, special events, sports programs or any related YMCA sponsored activities. Certain risks of injury are inherent during participation in these programs. Nor will the YMCA be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises or off-site YMCA program locations. I understand for myself and my heirs, do hereby release the YMCA and it's employees and agents from any and all claims for injury, loss or damage I may suffer as a result of my participation, including any injury caused by the negligence, if any, of the YMCA, its officers, employees, agents, volunteers or the negligence of anyone else. I give my permission to the YMCA to use photographs, film footage, or tape recordings, which may include me or my child's image or voice for purposes of promoting or interpreting YMCA programs for no compensation.

BEHAVIOR POLICY STATEMENT

The Waxahachie Family YMCA and the YMCA of Metropolitan Dallas reserve the right to warn, suspend, or dismiss any member or program participant from our facilities and programs based upon any one of the following conditions: If their behavior poses a threat to themselves or others. If they require an inordinate amount of attention from the staff or volunteers, there by causing inadequate levels of supervision for the remainder of the members or participants. If their behavior is determined to be inappropriate within the scope and spirit of the YMCA rules.

YMCA REFUND POLICY

There will be a \$25 service fee on all refunds. Refund requests must be received prior to the beginning of the program. Once a program begins, no refunds will be given.

NSF

All returned checks, bank drafts and credit card charges will be submitted to ECASHFLOW systems and include a service fee of \$25.

Parent/Guardian Signature _____ Date _____



FINANCIAL ASSISTANCE & INCOME-BASED MEMBERSHIPS AVAILABLE

YMCA Mission: To put Christian values into practice through programs that build healthy spirit, mind and body for all.

Amount Paid: _____ Receipt: _____ Date: _____ Staff: _____