

Palestine YMCA Soccer Registration Form 2010



Age Group: _____
 Sex: M F
 Birth Certificate: Y N
 Completed NTSSA Form: Y N

GET INVOLVED!!! Soccer provides a GREAT opportunity to help our youth.

Please check where you wish to volunteer:

- Team Mom/ Dad: . Reporter/ Press Release: .
 Field Trash Pick-up: . Referee: . Age Group _____
 Field Mowing: . Coach: . Age Group _____
 Field Chalking: . Assistant Coach: . Age Group _____
 Special Projects: . Age Commissioner: . Age Group _____
 Clerical: . Assistant Age Commissioner: . Age Group _____
 Soccer Committee Member: .

Participant Name _____

Participant Age (as of July 31, 2009) _____ DOB _____

Participant Seasons in Sport _____ w/ Palestine YMCA _____

Participant T-Shirt Size (circle one) YXS YS YM YL YXL AXS AS AM AL AXL

Participant Shorts Size (circle one) YXS YS YM YL YXL AXS AS AM AL AXL

Ethnicity: Caucasian African American American Indian Hispanic Other _____

Participant Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____

E-mail _____

Participant Doctor _____ Phone _____

****Please list any medical conditions and any medications you may be taking****

By signing the below and paying program fees, I agree to indemnify and hold harmless the Palestine YMCA including it's Board of Directors, Staff, and sponsors, from any and all claims or demands, costs or expenses, which may result from participating in the program. **I also understand that I will abide by the refund policy.** I authorize the YMCA to administer emergency medical treatment for the above named participant and notify the proper authorities should any injury occur. **THE YMCA DOES NOT CARRY ACCIDENT INSURANCE.** I agree to give the Palestine YMCA, it's legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, permission to take, copyright, use and publish photographs of this youth participant in any media, in whole , in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Palestine YMCA, and waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Signed _____ Date _____
 Parent/ Legal Guardian

For Office Use Only			
Amount Paid			
\$ _____	_____	_____	_____
Member	Participant	Employee	Scholarship
Cash <input type="checkbox"/>	Check # _____	Credit <input type="checkbox"/>	Receipt # _____
Staff _____	Date _____		