



We build strong kids,
strong families,
strong communities.

Family YMCA of the Desert Program Registration

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Participant's Name	Age	Grade	DOB	Program	Shirt Size Youth/Adult

Home Address	City	Zip Code

E-Mail Address	Cell Phone

Mother's Name	Home Phone	Work Phone

Father's Name	Home Phone	Work Phone

Persons to be called in case of an emergency if parents CANNOT be reached:

Name	Home Phone	Work Phone

Coaches/Volunteer Information

Name	Player you want to coach	Day time phone

I understand that certain activities sponsored by the YMCA carry the risk of injury and acknowledge that members of my family and I are voluntarily participating in these activities with the knowledge of risk involved. I understand that the YMCA does not carry accident or health insurance and I hereby release the YMCA from any claims or actions that I, my legal representatives or heirs may now or hereafter have for injury or damage resulting from my participating in the YMCA.

In the event of sickness or accident, the Family YMCA of the Desert has my authorization to secure, at my expense, such medical attention for me to any members of my family as deemed necessary. This care may be given under whatever conditions are appropriate to preserve the health and safety of the individual in the reasonable judgment of the YMCA personnel.

Parent/ Guardian Signature

Date

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