



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2019 City of Lake Geneva | YMCA "Dream Team" Baseball

Registration Dates: April 1 – May 19      Season: June 19–Mid July

Ages | 6 & up

Registration fee: LG Resident: \$10 | Nonresident: \$25

Participant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Township \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Age of Participant \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Someone other than yourself, we would always try parent(s) first)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attended \_\_\_\_\_  
                  Month    Day    Year

Volunteers are a vital part of this programs success. Please mark the following areas if you are interested and thank you!

YOUR NAME \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Shirt Size (Please circle one)</b>				
<b>Youth Small (6-8)</b>	<b>Youth Medium (10-12)</b>	<b>Youth Large (14-16)</b>		
<b>Adult Small</b>	<b>Adult Medium</b>	<b>Adult Large</b>	<b>Adult X-Large</b>	<b>Adult XX Large</b>

### YMCA WAIVER

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached. The YMCA is not responsible for any medical costs that result from participating in this sports program. \*Appropriate behavior is required\*

### SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_ Today's Date \_\_\_\_\_

Sign Up For YMCA Text Alerts Today



\*Standard text message rates apply.

Questions? Contact the YMCA at 262.248.6211 or Coach John Swanson at 262.325.3600.  
Forms may be returned to the Geneva Lakes Family YMCA  
203 S. Wells Street • Lake Geneva, WI 53147 • www.GenevaLakesYMCA.org