



# 2019 Spring I & II YOUTH SPORTS

Parent Email: \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age as of Feb. 24, 2019 \_\_\_\_\_ **Circle: M or F**

Parent(s) Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Volunteer? Please circle: Yes No**

*(Fill Out Volunteer Application Please!)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**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.**

**SIGNATURE OF PARENT** \_\_\_\_\_

## Concussion Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2019 Spring I & Spring II YOUTH SPORTS

### \_\_\_\_\_ YOUTH CO-ED DODGE BALL

Fridays: 4:45-5:45 pm (Ages 8 - 12)

Spring I: March 1 - April 12

Cost: M \$35 - NM \$56

### \_\_\_\_\_ YOUTH GIRLS VOLLEYBALL

Mondays: 6:00-7:00 pm (Ages 8 - 13)

Spring I: February 27 - April 10

Cost: M \$35 - NM \$56

### \_\_\_\_\_ YOUTH ROCK CLIMBING CLUB

Saturdays: 10:00-10:45 am (Ages 6-17)

#### Circle Session Registering For:

Spring I: March 2 - April 13

Cost: M \$35 - NM \$56

Spring II: April 20 - June 1

Cost: M \$35 - NM \$56

### \_\_\_\_\_ YOUTH GOLF

Mondays: 5:00-6:00 pm (Ages 7 - 12)

Spring II: April 15 - May 20

Cost: M \$35 - NM \$56