



City of Lake Geneva/YMCA Non-Travel Baseball & Softball

Summer 2019

REGISTRATION FEE
Lake Geneva Resident \$30
Non Resident \$45

Must be registered by April 5th
After April 5th—\$5 Late Fee

Participant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Parent Email: _____

*** (Needed so you can be contacted by your coach or YMCA) ***

Age of boy as of May 1st 2019: _____ | Circle One: Minors 7-8 OR Majors 9-10

Age of girl as of May 1st, 2019: _____ | Juniors 7-8

Date of Birth: ___/___/___ Shirt Size: YS—YM—YL—AS—AM—AL—AXL (CIRCLE ONE)

Volunteers are crucial for this program's success! Please indicate if you are interested in coaching. All coaches are required to fill out a volunteer form for a background check that is available on the Sports page of our website: www.genevalakesymca.org

Yes, I would like to coach a team _____

Name: _____ Phone: _____

E-mail: _____

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 OR GUARDIAN: _____

Date: _____

CONCUSSION 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 form 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: _____