

# PALO ALTO FAMILY YMCA

## STEP 1 Fill out Program Information

Season / Year	Program Name
<input type="text"/>	<input type="text"/>

## STEP 2 Fill out Participant Information

<input type="text"/>			
E-mail Address (Primary Contact Source for Program Information)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name	Age	Birthdate	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Gender	Grade	# Years Playing Sport
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian		Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact (other than listed above)		Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## STEP 3 Player Request Information

<input type="text"/>
Player #1
<input type="text"/>
Player #2
<input type="text"/>
Practice Time Request

# YOUTH SPORTS REGISTRATION FORM

## I WILL COACH OR VOLUNTEER FOR MY CHILD

Volunteer Name	<input type="text"/>
Contact e-mail	<input type="text"/>
Contact phone Number	<input type="text"/>

## STEP 4 Read & Sign Waiver of Liability

**Waiver of Liability:** Please read the back

**Consent to Treat:** The information is correct so far as I know, and the person described has my permission to engage in all prescribed activities, except as noted by me. In the case of sickness or accident, the YMCA has my authority to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me immediately.

**Photo Release:** I hereby grant the YMCA or the Mid-Peninsula full rights to copyright, exhibit and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken of me and or my child at the El Camino YMCA or any place YMCA programs are held.

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

## STEP 5 Fill out Payment Information

<input type="text"/>	+	<b>\$45</b>	=	<input type="text"/>	<input type="text"/>
Program Fee		Program Membership If needed		Total	Clerk Initials

Cash Check Credit Card	<input type="text"/>
	Credit Card # <input type="text"/> Expiration Date <input type="text"/>
Circle Type of Payment	<input type="text"/>
	Signature <input type="text"/>